

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN _____ LICATE*
(Other Instru. _____ on re-
verse side)

Copy to SF

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 05612-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Indian Basin

8. FARM OR LEASE NAME

Indian Basin "A"

9. WELL NO.

1

10. FIELD AND POOL, OR WELD AT

Indian Basin (Morrow)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 22-21S-23E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Marathon Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 220, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

1650' FSL and 1650' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3847' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Temporarily Abandoned

SUBSEQUENT REPORT OF:

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

This well has not produced since the Indian Basin Gas Plant went in to operation in January, 1965, and is considered to be depleted in the Morrow zone.

RECEIVED

SEP 22 1969

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

1969

18. I hereby certify that the foregoing is true and correct

SIGNED *E. A. Hill*

TITLE Area Supt.

DATE 9-12-69

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD
SEP 22 1969
Date
ACTING District Engineer

*See Instructions on Reverse Side