

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 072015-C

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different service.
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐ OCT 15 1974

2. NAME OF OPERATOR MARAKO, Inc.

3. ADDRESS OF OPERATOR Box 832 Midland, Texas 79701 D. C. C. ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660' from South and 1980' from West Lines
Sec. 34

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3229' DF.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hanson-Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA34-20-5-27-E

12. COUNTY OR PARISH

13. STATE

Eddy New Mexico

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 ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☒REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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.)*

Well Completed as a gas well. Back Pressure Tested 980 MCF per Day 8/27-29/1964. Well shut in waiting on a market for this gas.

Informational Copy

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

SIGNED Tom MurrayTITLE agentDATE 10/9/74

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: