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Form 9-331 (May 1963)	JNITED S	STATES Drawer Disubmit in Liphic	TATES Form approved
	DEPARTMENT OF	THE INTERIOR, voice side 8210	5. LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICA	NM-04686-A	
SUN	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
(Do not use this:	form for proposals to drill or Use "APPLICATION FOR PE	to deepen or plug back to a different reservoir.	
1.			7. UNIT AGREEMENT NAME
WELL WELL	OTHER	Section 1	Indian Basin
2. NAME OF OPERATOR		(35 a) (1) (1) (2)	8. FARM OR LEASE NAME
Marathon 011 3. ADDRESS OF OPERATOR	Company	1087	Indian Basin "B" Gas Com
	, Midland, TX 79	· INN 1 AL TO	9. WELL NO.
4. LOCATION OF WELL (R)	enort location alcoals and is a	cordance with any State requirement.	10 70 70 70 70 70 70 70 70 70 70 70 70 70
See also space 17 belo At surface	₩.)	6181	10. FIELD AND POOL, OR WILDCAT
20 1007			Indian Basin-Upper Penn
1650' FSL & FWL			SURVEY OR AREA
14. PERMIT NO.		O. C. D.	Sec. 14, T21S, R23E
	15. ELEVATION	(S (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
10	KB 362	4	Eddy 25 NM
16.	Check Appropriate Bo	x To Indicate Nature of Notice, Report,	or Other Data
No	OTICE OF INTENTION TO:	1	UBSEQUENT REPORT OF:
TEST WATER SHUT-OF	PULL OR ALTER		्राच्या च्युहरू । ये हाहें भूँ हैं 📻
FRACTURE TREAT	MULTIPLE COMP		BEPAIRING WELL
SHOOT OR ACIDIZE	ABANDON*	XX SHOOTING OR ACIDIZING	ALTERING CASING ABANDONMENT
REPAIR WELL	CHANGE PLANS	(Other)	- 30
(Other)		(Note: Report r Completion or Re	esults of multiple completion on Well ecompletion Report and Log form.)
proposed work. If	completed operations (Clearly well is directionally drilled, gi	y state all pertinent details, and give pertinent ve subsurface locations and measured and true	dates, including estimated date of starting any
ment to this work.)		and measured and true t	reference depend for all markers and zones perti-
			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
			그의 사용 현행 중에 가는 이 상을 중이 됐다.
	See attached s	heet:	
		그는 어른 하는 사람들이 되었다.	
			그 공학자인한 그 호텔 활동
	•		
			그 기통통 교육 일시 시간 현황 그림 전 경기 등 기가 기계를
			ા કિંમિક્ટિંગ એક સ્ક્રિકે
,			
8 I hereby contien that at			
2/2.	e foregoing is true and correc	t	
SIGNED //	F. Zapatka	TITLE Production Engineer	DATE1/8/87
(This space Of Tedago	or State office use) 1	1	DATE
APPROVED BY	Area Manager		121 17
CONDITIONS OF APPI		TITLE	DATE _/ ALE
			医多足畸形 医二氏菌科氏