

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN THE
(Other Instructions
verse side)CATE
on reForm approved
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM 04686-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Indian Basin "B" Gas "Com"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Indian Basin (Up. Penn)

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

Sec. 14-21S-23E

12. COUNTY OR PARISH 13. STATE

Eddy New Mexico

1. OIL ☐ GAS ☒ OTHER

2. NAME OF OPERATOR

Marathon Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 220, Hobbs, New Mexico

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' FWL

14. PERMIT NO.

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

KB 3824'

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) Re-perforate and acidize

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

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.)*

Plan to re-perforate the Cisco Canyon zone with two shots per foot at 7464-65', 7470-71', 7483-84', 7498-99', 7513-14', 7539-40', and 7545-46', and then treat the perforations with 10,000 gals. acid.

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

SIGNED

E. A. Helton

TITLE

Area Supt.

DATE

10-21-68

(This space for Federal or State office use)

APPROVED
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED
OCT 23 1968
R. L. BELMONT
DIRECTOR

*See Instructions on Reverse Side