

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TR
(Other instruct
verse side)CATE
OR RE-Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME North Indian Basin Unit	
2. NAME OF OPERATOR Marathon Oil Company		8. FARM OR LEASE NAME North Indian Basin Unit	
3. ADDRESS OF OPERATOR Box 220 - Hobbs, New Mexico		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FNL & 1650' FEL		10. FIELD AND POOD, OR WILDCAT Wildcat	
14. PERMIT NO.		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA 11 - 21 S - 23 E.	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 3785		12. COUNTY OR PARISH Eddy	
		13. STATE New Mex.	

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.)*

Spudded 12-1/4" hole and drilled to 242'. Opened hole to 17-1/2". Ran 7 jts 48#, H-40, 13-3/8" csg, set from 13.80 to 236'. Last setting depth includes Baker Guide Shoe (1.30'). Cemented by Halliburton w/300 sax Trinity Portland w/2% HA-5. Cement circulated. W.O.C. 24 hrs. Tested csg w/800# for 30 min, held OK.

RECEIVED

APR 27 1964

O. C. C.
ARTESIA, OFFICE

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

SIGNED

Robert Michler

TITLE

Asst. Supt.

DATE

4/21/64

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APR 24 1964
Ronnie E. Shook
RONNIE E. SHOOK
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side