

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate*
(Other Instruct
verse side)

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 05608	
2. NAME OF OPERATOR Marathon Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <i>Copy to 37</i>	
3. ADDRESS OF OPERATOR Box 220 - Hobbs, New Mexico		7. UNIT AGREEMENT NAME North Indian Basin Unit	
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		8. FARM OR LEASE NAME North Indian Basin Unit	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3785' GL		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA 11 - 21 S - 23 E	
		12. COUNTY OR PARISH Basin	
		13. STATE	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

Drilled 12-1/4" hole to 2385'. Ran 56 jts 9-5/8", J-55, 36# csg to 2379' with DV Pack-off tool @ 723'. Halliburton cemented 1st stage w/450 sax Trinity Lite Wate w/12-1/2# gilsonite & 1/4# Flocele per sack, 2% gel, 2% Calcium Chloride, followed by 200 sax Trinity Reg w/2% HA-5 & 1/4# Flocele per sack. Opened DV Pack-off tool & cemented 2nd stage w/300 sax Trinity Lite Wate, w/12-1/4# gilsonite, 1/4# Flocele per sack, 2% Calcium Chloride, 2% gel, followed by 100 sax Trinity Portland, w/2% HA-5 & 1/4# Flocele per sack. Cement did not circulate. W.O.C. 8 hrs. Ran 1-1/4" tbg between 13-3/8" and 9-5/8" csg annulus & tagged hard cement @ 180'. Cemented w/75 sax Longhorn Portland w/4% Calcium Chloride. Good cement, circulation. W.O.C. 24 hrs. Tested csg w/2000# for 30 min, held OK.

RECEIVED
APR 30 1964
U.S. GEOLOGICAL SURVEY
ARTESIAN, NEW MEXICO

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

SIGNED W. M. M. M. M. TITLE Asst. Supt. DATE 4/28/64

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side