

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

NY OFF. CHIEF, G.S.  
Internal ID  
Artesia, N.M. 87003

Form Approved.  
Budget Bureau No. 42-R1424

ckf

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 Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other ☐

2. NAME OF OPERATOR  
Marathon Oil Company

3. ADDRESS OF OPERATOR  
P. O. Box 2409 Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1650 FNL & 1650 FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☒  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:

☐  
☐  
☐  
☐  
☐  
☐  
☐  
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☐

5. LEASE  
NM 05608  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
N. Indian Basin Unit  
8. FARM OR LEASE NAME  
N. Indian Basin Unit  
9. WELL NO.  
2  
10. FIELD OR WILDCAT NAME  
Indian Basin Upper Penn  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 11, T21S, R23E  
12. COUNTY OR PARISH | 13. STATE  
Eddy | NM  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDR AND WD)  
GL 3785, KB 3797

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

It is proposed to recomplete this well to the Wolfcamp formation. The Upper Penn zone was abandoned in 1968 and the well shut-in since that time. The Wolfcamp interval from 6562' - 6668' will be perforated and acidized. This work will take place approximately the week of March 11th.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Thomas F. Zaparka TITLE Prod. Engineer DATE 03-05-85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 3-22-85  
CONDITIONS OF APPROVAL, IF ANY: