



ckf

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

(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 ☐ gas ☒ 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 & 150' 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-Wolfcamp

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)
KB 3794, GL 3782

(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.)*

Purpose: Plug and Abandon

Procedure

1. Circulate wellbore with 9.5 - 10# mud laden fluid.
2. Set 35' of cement on top of existing retainer at 7468'.
3. Set CIBP at 6500' with 35' of cement on top.
4. Set cement plug from 5100' - 5000' in 7" casing.
5. Perforate at 2430' with 2 JSPF.
6. Set a cement retainer at 2300' and squeeze cement from 2430' - 2300'.
9 5/8" casing shoe is at 2379'. Leave 35' of cement on top of retainer.
7. Set a 50' surface plug, weld on plate and dry hole marker.

Notification will be given at least 48 hours prior to starting any of this work.

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 03-20-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 3-29-85
CONDITIONS OF APPROVAL, IF ANY: