

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)
EX-100-10135

Budget Bureau N. 1004-0135
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL

NM 070522-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

JUL 12 '89

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Marathon Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 552; Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

Unit Letter K, 1500' FSL and 1500' FWL

RECEIVED

JUN 30 '89

14. PERMIT NO.

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

Gr 3793'

O. C. D.

ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Indian Basin "F"

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

Indian Basin (Upper Penn)

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

Sec. 25, T21S, R23E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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) Mechanical Integrity Test

PULL OR ALTER CASING

MULTIPLE COMPLETION

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.) *

Marathon Oil Company intends to initiate a Mechanical Integrity Test on the above referenced well upon approval of Form 3160-5. Attached is the procedure.

RECEIVED

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

SIGNED

J. R. Jenkins

TITLE Hobbs Prod. Superintendent

DATE 6/8/89

(This space for Federal or State office use)

APPROVED BY

Shaw

CONDITIONS OF APPROVAL, IF ANY:

FOR: TITLE

DATE 6-29-89

*See Instructions on Reverse Side