2. NAME OF

3. ADDRESS

14. PERMIT NO.

Form approved.

y 1968)	Budget Bureau No. 42-R1424
DEPARTIVIENT OF THE INTERIOR verse side)	5. LEASE DESIGNATION AND SERIAL NO.
GEOLOGICAL SURVEY	NM 030482
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reser use "APPLICATION FOR PERMIT—" for such proposals.)	voir.
OIL GAS WELL OTHER	Indian Hills Unit
Marathon Oil Company	Indian Hills Unit
P.O. Box 2409, Hobbs, New Mexico 88240	9. WELL NO.

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

At surface 10. FIELD AND POOL, OR WILDCAT Indian Basin Upper Penn 11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA 1650' FSL & 1650' FWL of Sec. 28

Sec. 28-21S-24E 12. COUNTY OR PARISH | 18. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) New Mexico

3782' GR Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16.

	• • •			
NOTICE O	F INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING		WATER SHUT-OFF REPAIR	ing well
FRACTURE TREAT	MULTIPLE COMPLETE			ING CASING
SHOOT OR ACIDIZE	ABANDON*	<u> </u>	SHOOTING OR ACIDIZING ABANDO	ONMENT*
REPAIR WELL	CHANGE PLANS		(Other)	
(Other) Squeeze oper	n hole; perf. &trt.	х	(Note: Report results of multiple completion or Recompletion Report and L	og 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.)*

TD 7500'. Plan to cement squeeze open hole section from 7473 to 7500'. Will drill out the squeeze to 7483, and perforate the re-drilled open hole section from 7473 to 7483'. Will stimulate the exposed interval.

RECEIVED

2 1970 NOV

D. C. L. ARTESIA, UFFICE RECEIVE!

18. I hereby certify that the foregoing is true and correct		<u> </u>
() 111 / 121	Octing Area Supt.	DATE 10-23-70
(This space for Federal or State office use)		
CONDITIONS OF APPROVAL, IF ANY:	ritle	DATE OF STATE OF STAT

*See Instructions on Reverse Side