Form 9-331 (May 1963)	N. M. O. C. C. COPT NITED STATES DEPARTMENT OF THE INTEL GEOLOGICAL SURVEY	SUBMIT IN ' 'LICATE (Other instru 18 00 r RIOR verse side)	
(Do not use this form for proposals to drill or to drepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT_" for such proposals.)			6. IF INDIAN, ALLOTTEF OR TRIBE NAME
1. OIL GAS WELL OTHER			7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Marathon Oil Company			8. FARM OR LEASE NAME Federal IBD Gas "COM"
3. ADDRESS OF OPERATOR P. O. Box 220, Hobbs, New Mexico			9. WELL NO.
 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 			Indian Basin Upper Penn
1650' FSL and 1650' FEL			11. SEC., T., B., M., OB BLK. AND SUBVEY OF AREA Sec. 30-215-23E
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OB PARISH 13. STATE	
	Unknown		Eddy New Mexico
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			
ю	TICE OF INTENTION TO:	SUBSI	QUENT REPORT OF :
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT SHOOTING OR ACIDIZING	ALTERING CASING
SHOOT OR ACIDIZE	CHANGE PLANS	(Other) Commence d	
REPAIR WELL (Other)		(NOTE: Report resul	its of multiple completion on Well apletion Report and Log form.)
ST&C r includ 310 sx circ. for 30	mber 17, 1966. Ran and set new casing from 14.55' belo ling Baker guide shoe 1.63' ts of Class A cement w/2% C and stayed at surface. W. minutes, holding O.K. Be	w KD to 157.89' with Casing cemented by Cand 1/4# Flocele pe O.C 20 hrs. Tested c	setting depth Halliburton with r sx. Cement asing with 500#
18, 19	100.		
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			· 영양 번 변경 · 영양 다 기업 명 - 번역 전투에 · 명양 기업 위험
	N. 1. 1. 19 8 10 cc		
			61월 00월 21일
	- 0. 0. 5.	A CONTRACTOR	- 비명 구경에 가지 않는 것이라 봐.
	ABIKBLA, MARINE		· 동안 관계 : 11 20 - 11 20 20 20 20 20 20 20 20 20 20 20 20 20
		× 2	
	. 0		- 출입 2018년 학생 2019년 1월 1817년 3월 1919년 1월 19
18. I hereby certify that th	of foregoing is true and correct		
SIGNED	TITLE_ TITLE_	Area Supt.	DATE 9-20-66
(This space for Federa	Local and the use)		
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APPEOVED BY	BOVAL, IF ANY:	<u></u>	
AT	850		周辺 通知 一部 二部の部
ACTING DISTRIC	T ENGINEEH *See Instructi	ons on Reverse Side	
CTING DISTRIC			
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