14.

16.

N. M. O. C. C. COP' UNITED STATES

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Form approved. Budget Bureau No. 42-R1424.

J.	LEA	25	DESI	GNATION	AND	SERIAL	NO.	
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GEOLOGICAL SURVEY	1 1 NM 0384625
SUNDRY NOTICES AND REPORTS ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(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.)	· .
	7. UNIT AGREEMENT NAME
OIL GAS X OTHER	
NAME OF OPERATOR	8. FARM OR LEASE NAME
Marathon Oil Company	Federal IBD Gas "Com"
ADDRESS OF OPERATOR	9. WELL NO.
P. C. Box 220, Hobbs, New Mexico	1
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*	10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface	20.4 Indian Basin Upper Penn
1650' FSL and 1650' FEL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
•	Sec. 30-21S-23E
PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
Unknown	Eddy New Mexic

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOT	CICE OF INTENTION TO:		SUBSEQUENT R	EPORT OF:
				`
TEST WATER SHUT-OFF	PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACTUIZE	ABANDON*	x	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS		(Other)	
(Other)			(Note: Report results of mu Completion or Recompletion F	tiple completion on Well (eport 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.)*

Drilled to 7689 TD. Plan to fill hole with thick mud and temporarily abandon. Status of well will be reported prior to or not later than six months from date of this report.

RECEIVED

OCT 2 5 1966

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18. I hereby cortify that the foregoing is true and correct SIGNED TITLE Area Su	pt. DATE 10-19-66
(This space for Federal or State office use)	
CONDITIONS OF APPROVAL, ID ANY:	DATE
133 400 A	

*See Instructions on Reverse Side