Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN T___LICATE*
(Other instru____ s __ re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
NM 0384625

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
- - -

7. UNIT AGREEMENT NAME
- - -

1.

OIL
WELL ☐   GAS
WELL ☐   ☒ OTHER

8. FARM OR LEASE NAME
Federal IBD Gas "Com"

2. NAME OF OPERATOR
Marathon Oil Company ✓

9. WELL NO.
1

3. ADDRESS OF OPERATOR
P. O. Box 220, Hobbs, New Mexico

10. FIELD AND POOL, OR WILDCAT
Indian Basin Upper Penn

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

1650' FSL and 1650' FEL

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 30-21S-23E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GL 4323

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)

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other)

REPAIRING WELL ☐
ALTERING CASING ☐
Temp. 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 perti-
nent to this work.) *

Drilled to 7689' TD. Filled hole with thick mud. Removed 8-5/8" x 10"

casing flange; welded plate with 2" nipple and 2" gate valve on top of

casing. Well temporarily abandoned. Status of well will again be

reported prior to or not later than six months from date of this report.

RECEIVED

DEC ___ ___ ____

ART___ ___ ___

RECEIVED
OCT 27 1966
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED _____   TITLE Area Supt.   DATE 10-24-66

(This space for Federal or State office use)

TITLE _____   DATE _____

APPROVED
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

R. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side