

C/SF

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FEB 18 1985  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

O. SUNDRY NOTICES AND REPORTS ON WELLS

ARTESIA, NM. This form for proposals to drill or to deepen or plug back to a different  
depth. See Form 9-31-C for such proposals.)

1. oil ☐ gas ☐ other Temporarily Abandoned  
well well

2. NAME OF OPERATOR  
Marathon Oil Company

3. ADDRESS OF OPERATOR  
P. O. Box 2409 Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17  
below.)  
AT SURFACE: 1650' FSL & FEL, Sec. 30, T21S, R23E  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,  
REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input checked="" type="checkbox"/>		<input type="checkbox"/>
(other)			

5. LEASE  
NM 0384625

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Federal IBD Gas Com

9. WELL NO.  
1

10. FIELD OR WILDCAT NAME  
Indian Basin Upper Penn

11. SEC., T., R., M., OR BLK. AND SURVEY OR  
AREA  
Sec. 30, T21S, R23E

12. COUNTY OR PARISH | 13. STATE  
Eddy | NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDR AND WD)  
GL 4046

(NOTE: Report results of multiple completion or zone  
change on Form 9-330.)

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.)\*

Plugging prognosis attached. Work to start February 8, 1985. Notification  
will be given prior to setting plugs.

Verbal approval by Bob Pitschke on 02-07-85

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED C. C. Saathoff P.C. [Signature] DATE February 7, 1985

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

2-15-85