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BUREA	UNITED STATES TIMENT OF THE INTERIOR U OF LAND MANAGEMENT O. C. D.	N.M. 05607	
Do not use this form for proposal	TICES AND REPORTS ON WELLS ARTESIA OFFICE s to drill or to deepen or reentry to a different reservoi DN.FOR PERMIT—" for such proposals		
SUBMIT IN TRIPLICATE 1. Type of Well Oil Well Gas Well Cas Other Temporarily Abandoned gas well		7. If Unit or CA, Agreement Designation	
		8. Well Name and No. "A"	
2 Name of Operator Marathon Oil Company		North Indian Basin UT Cas Com/#	
3. Address and Telephone No. P.O. Box 1324, Artesia, NM 88210 (505)457-2621 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1650' FSL & FEL Sec 4 T215 R-23E		10. Field and Rool, or Exploratory Area Indian Basin Folfcamp 11. County or Parish, State Eddy N.M.	
CHECK APPROPRIATE	E BOX(s) TO INDICATE NATURE OF NOTICE, REP		
TYPE OF SUBMISSION		TYPE OF ACTION	
give subsurface locations and measured and 1) On February 1 casing integr 2) The test prov 3) We would like	Abandonment Recompletion Plugging Back Casing Repair Altering Casing Coher <u>Request T.A. Statu</u> other <u>Request T.A. Statu</u> other <u>Request T.A. Statu</u> attributes for all markers and zones pertinent to this work.)* 8 this year the above mentioned well was rity. red integrity as witnessed by Mr. D. Whit to request temporary abandoment status a copy of the test chart.	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) larting any proposed work. If well is directionally drilled, s tested for clock. on this Well.	
14. 1 hereby certify that the foregoing is take and Signed	APPROVED FOR MONT ENDING 04-01-9	25 II a RECEIV	
(This space for Federal or State office up) Approved by Conditions of approval, if any:	or any person knowingly and willfully to make to any department or agency of the		

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