

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN 1 INDICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

<p>SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. 05551</p>
<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/></p>		<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME -</p>
<p>2. NAME OF OPERATOR Marathon Oil Company</p>		<p>7. UNIT AGREEMENT NAME North Indian Basin Unit</p>
<p>3. ADDRESS OF OPERATOR P. O. Box 2409, Hobbs, New Mexico</p>		<p>8. FARM OR LEASE NAME North Indian Basin Unit</p>
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FSL & 1650' FWL</p>		<p>9. WELL NO. 7</p>
<p>14. PERMIT NO. current</p>		<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 3766.8'</p>
<p>12. COUNTY OR PARISH Eddy</p>		<p>13. STATE New Mexico</p>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Status Report</u> <input checked="" type="checkbox"/>	

(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 pertinent to this work.)*

Well remains shut in and off production.

RECEIVED

APR 3 1972

U.S. GEOLOGICAL SURVEY
ALBUQUERQUE, NEW MEXICO

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

SIGNED C. A. Bickman TITLE Area Superintendent DATE 4/4/72

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
APR 11 1972
H. L. BEEKMAN
ACTING DISTRICT ENGINEER

Subject to submission Status
report every 6 months.

*See Instructions on Reverse Side