

Form approved.
Budget Bureau No. 42-R1424.

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.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		RECEIVED		7. UNIT AGREEMENT NAME North Indian Basin Unit	
2. NAME OF OPERATOR Marathon Oil Company ✓		OCT 19 1972		8. FARM OR LEASE NAME North Indian Basin Unit	
3. ADDRESS OF OPERATOR P. O. Box 2409, Hobbs, New Mexico 88240				9. WELL NO. 7	
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		ARTIFICIAL LIFT OFFICE		10. FIELD AND POOL, OR WILDCAT Indian Basin Upper Penn	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11-21S-23E	
14. PERMIT NO. Current		15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 3766.8'		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

AE.LONDON®

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELLS

ALTERING CASIN.

ABANDONMENT*

Status Report

(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.

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

SIGNED

TITLE Area Superintendent

DATE 10-9-72

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**