N. M. O. C. C. CO.

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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.)

RECEIVED
APR 10 1973
O. C. C.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.: 05551

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

1. OIL WELL [ ] GAS WELL [X] OTHER

7. UNIT AGREEMENT NAME: North Indian Basin Unit

2. NAME OF OPERATOR: Marathon Oil Company

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

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	[ ]	PULL OR ALTER CASING	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
(Other) Status Report			X

(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 [signature] TITLE Acting Area Supt. DATE 4-6-73

(This space for Federal or State office use)

APPROVED BY ______ TITLE ______ DATE ______
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
APR - 9 1973
[signature]
R. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side