

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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SEP 20 1992

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Marathon Oil Company

3. Address and Telephone No.

P. O. Box 552, Midland, TX 79702 (915) 682-1626

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1650' FSL & 1650' FWL  
Sec. 11, T-21-S, R-23-E

5. Lease Designation and Serial No.

NM-05551

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

North Indian Basin Unit

8. Well Name and No.

North Indian Basin Unit #7

9. API Well No.

30015200890000

10. Field and Pool, or Exploratory Area

Indian Basin (Upper Penn)

11. County or Parish, State

Eddy County, New Mexico

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Request T.A. Status

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

- On September 8, 1992, the above mentioned well was tested for casing integrity.
- The test proved integrity as witnessed by Mr. D. Whitlock of the BLM and Gary Williams of the OCD.
- We would like to request temporary abandonment status on this well for use in gathering reservoir data.
- Attached is the test chart.

APPROVED FOR 12 MONTH PERIOD

ENDING 9/8/93

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

Signed R.A. Bickelbaum Title Operations Superintendent Date 9/14/92

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date 9/25/92  
Conditions of approval, if any:

RECEIVED  
SEP 21 1992  
O. C. D.  
SUPERVISOR

