

N. M. O. C. C. COPY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TR  
(Other instructions  
verse side)CATE\*  
OR REForm 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER  |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM 070522-A                 |
| 2. NAME OF OPERATOR<br>Marathon Oil Company  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                               |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 2409, Hobbs, New Mexico 88240   |  | 7. UNIT AGREEMENT NAME   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><br>1650' FWL and 1950' FSL of Section 27 |  | 8. FARM OR LEASE NAME<br>Indian Basin "E"                          |
| 14. PERMIT NO.   |  | 9. WELL NO.<br>2   |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>GL 3925'   |  | 10. FIELD AND POOL, OR WILDCAT<br>Indian Basin Yeso                |
|  |  | 11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 27-21S-23E |
|  |  | 12. COUNTY OR PARISH<br>Eddy                                       |
|  |  | 13. STATE<br>New Mexico  |

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"/> | WATER SHUT-OFF                       | <input type="checkbox"/>            |
| FRACTURE TREAT          | <input type="checkbox"/> | FRACTURE TREATMENT                   | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE        | <input type="checkbox"/> | SHOOTING OR ACIDIZING                | <input type="checkbox"/>            |
| REPAIR WELL             | <input type="checkbox"/> | (Other) <u>Temporarily Abandoned</u> | <input checked="" type="checkbox"/> |
| (Other)                 | <input 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.)\*

Removed downhole pump, rod string, and tubing string. Well shut in.  
Temporarily abandoned.

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

SIGNED

TITLE

Area Supt.

DATE 2-22-71

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

RECEIVED

FEB 26 1971

\*See Instructions on Reverse Side

O. C. C.  
ARTESIA, OFFICE