

N.M.O.C.D. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other ins'ns 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.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 0384625
2. NAME OF OPERATOR Marathon Oil Company ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Indian Basin
3. ADDRESS OF OPERATOR P.O. Box 2409 Hobbs, NM 88240		7. UNIT AGREEMENT NAME Indian Basin
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 800' FNL & 200' FEL Sec. 30, T-21S, R-23E		8. FARM OR LEASE NAME Federal IBD Gas Com
14. PERMIT NO. GL 4069, RKB 4085'		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, CR, etc.) GL 4069, RKB 4085'		10. FIELD AND POOL, OR WILDCAT Indian Basin Upper Penn
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T-21S, R-23E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

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 COMPLETION <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>Spud & set surface casing</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.)*

Spudded 17 1/2" hole at 9:30 a.m. MDT June 26, 1980.
 Drilled to 148', completed hole at 12:00 midnight.
 Ran 4 jts 13 3/8" 48# H-40 set from 19' to 148', setting depth includes Type M guide shoe and insert float.
 Cemented casing with 175 sx Class "C" w/2% CaCl₂, plug down at 4:15 a.m. June 27, 1980. Bumped plug w/500 psi and circulated 100 sx to pit.
 Wait on Cement.
 Cut off 20" conductor and 13 3/8" casing welded on bradenhead.
 Nippled up 12" 900 series BOP. Tested manifold, pipe and blind rams, Kelly and Kelly cock to 3000 psi. Tested mud lines to 2000 psi - all held okay. Conducted accumulator test - okay. TIH w/bit to top of cement at 108'. Drilled cement to 130'. Tested shoe joint to 1400 psi - held okay. Began drilling new formation at 5:00 p.m. June 28, 1980 at 148'.

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U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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O. C. D.
ARTESIA OFFICE

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

SIGNED <u>Ralph M. De Pauw</u>	TITLE <u>Production Engineer</u>	DATE <u>6-30-80</u>
(This space for Federal or State office use)		
APPROVED <u>(Orig. Sgd.) PETER W. CHESTER</u>	TITLE <u>ACTING DISTRICT ENGINEER</u>	DATE <u>JUL 2 1980</u>
CONDITIONS OF APPROVAL, IF ANY:		