

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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OCT 12 8 20 AM '92

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 Temporarily Abandoned

2. Name of Operator

Marathon Oil Company

3. Address and Telephone No.

P.O. Box 1324, Artesia, NM 88210 (505)457-2621

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

800' FNL/200' FEL SEC. 30 T215 R23E

5. Lease Designation and Serial No.

N.M. 0384625

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

CA No. SRM-1497

8. Well Name and No.

Federal IBD Gas Com #2

9. API Well No.

30015233130051

10. Field and Pool, or Exploratory Area

Indian Basin Upper Penn

11. County or Parish, State

Eddy N.M.

12. 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.)*

- 1) On February 18 this year the above mentioned well was tested for casing integrity.
- 2) The test proved integrity as witnessed by Mr. D. Whitlock.
- 3) We would like to request temporary abandonment status on this well.
- 4) Attached is a copy of the test chart.

RECEIVED
MAR 25 11 31 AM '92
CARTER
AREA

APPROVED FOR 12 MONTH PERIOD
ENDING 04-01-93

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

Signed Noel R. Daye Title Plant Superintendent

Date 3/23/92

(This space for Federal or State office use)

Approved by David A. Glass Title _____

Date 3-27-92

Conditions of approval, if any: