

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
ARTESIA, NEW MEXICO 88210

Budget Bureau No. 45F  
Expires August 31, 1988  
5. LEASE DESIGNATION AND SERIAL NO.  
LC-064391-B  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	RECEIVED SEP 2 2 00 PM '88	7. UNIT AGREEMENT NAME Indian Hills Unit
2. NAME OF OPERATOR Marathon Oil Company	RECEIVED SEP 26 '88	8. FARM OR LEASE NAME Indian Hills Unit
3. ADDRESS OF OPERATOR P.O. Box 552, Midland, Texas 79702		9. WELL NO. 6
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit Letter N, 560' FSL & 1550' FWL		10. FIELD AND POOL, OR WILDCAT Indian Basin (Morrow)
14. PERMIT NO. 30-015-25827	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3752.7' GL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T21S, R24E
	O. C. D. ARTESIA, OFFICE	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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Well Completion	

(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.) \*

Marathon Oil Company initiated well completion operations on the above referenced well on June 6, 1988. Following is the completion procedure:

1. MIRU pulling unit and reverse unit. NU BOP. RIH w/4 3/4" bit, 5 1/2" csg scraper, (4) 3 1/2" DC's on 2 7/8" tbg. RU power swivel, tagged cmt @ 7103'. Drilled cmt & DV tool @ 7113'. Tested DV tool to 1000#. Held OK. Continued in hole & tagged FC @ 9720'. Tested to 1000#. Held OK.
2. Changed hole fluid to treated 2% KCl water. RD power swivel & POOH. Layed down DC's, scraper & bit. RU wireline company. Ran gauge ring junk basket through DV tool. Ran GR-CBL-CCL from wireline TD (9705') to 2000' under 1000# press. RD wireline company.
3. RIH w/4 3/4" bit, 5 1/2" csg scraper, (4) 3 1/2" DC's on 2 7/8" tbg. Drilled FC @ 9720' & cmt to 9755'. Circ'd hole clean. Press'd FC to 1000#. Held OK. POOH w/tbg & layed down BHA.
4. RIH w/4" tbg, conveyed guns, Baker 5 1/2" Lok-Set pkr, FN, on-off tool on 2 7/8" N-80 tbg. Hydrotested in to 4000#. RIH to 9713'.

(See Attachment I)

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

SIGNED J. R. Jenkins -J. R. Jenkins TITLE Hobbs Production Superintendent DATE 8/31/88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side