

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

NM OIL CONS COMMISSION  
Drawer DD  
Artesia, NM 88008  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	2. Name of Operator <b>Marathon Oil Company</b>	3. Address and Telephone No. <b>P.O. Box 552, Midland, TX 79702 915/682-1626</b>	4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>990'FSL &amp; 660'FWL</b> <b>26 21S 23E</b>	5. Lease Designation and Serial No. <b>NM-070522-A</b>	6. If Indian, Allottee or Tribe Name	7. If Unit or CA, Agreement Designation	8. Well Name and No. <b>INDIAN BASIN C 2</b>	9. API Well No.	10. Field and Pool, or exploratory Area <b>INDIAN BASIN, U.PENN</b>	11. County or Parish, State <b>EDDY NM</b>
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12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <b>SPUD &amp; CSG OPS.</b>	<input type="checkbox"/> 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.)\*

SEE ATTACHED FOR DETAIL.

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

Signed *T. B. Arnold* Title T. B. ARNOLD / DRUG, SUAT Date 11-28-94

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: