

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

SUBMIT IN TRIPLICATE

1. Type of Well  
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator  
Marathon Oil Company

3. Address and Telephone No.

P.O. Box 552, Midland, TX 79702

915-687-8449

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

660' FSL & 660' FEL, Sec 4, T-21-S, R-23-E, UL 'P'

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.

NM05607

6. If Indian, Allottee or Tribe Name

N/A

7. If Unit or CA, Agreement Designation

North Indian Basin Unit

8. Well Name and No.

North Indian 34  
Basin Unit

9. API Well No.

30-015-29296

10. Field and Pool, or exploratory Area

Indian Basin/Upper Penn

11. County or Parish, State

Eddy County NM

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 \_\_\_\_\_
- ☐ 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.)\*

SEE ATTACHED FOR DETAIL

RECEIVED  
1997 SEP 12 A 10:36  
BUREAU OF LAND MGMT.  
CARLSBAD RESOURCE AREA

SEP 17 1997  
113

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

Signed

*D. P. Nordt*

Title

D. P. NORDT / DRUG SUPT

Date 9/11/97

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: