

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**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 Form 9-331-C for such proposals.)

1. oil ☐ well ☐ gas ☐ well ☐ other Drilling Well

2. NAME OF OPERATOR  
Marathon Oil Company

3. ADDRESS OF OPERATOR  
P. O. Box 2659, Casper, WY 82602

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 825' FNL & 955' FEL Unit A  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

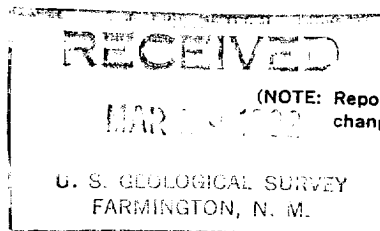
REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

(other) Please See Below

SUBSEQUENT REPORT OF:

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5. LEASE Tract <u>251</u> Contract <u>000154</u>	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>Jicarilla Apache</u>	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME <u>Jicarilla Apache</u>	
9. WELL NO. <u>16-E</u>	
10. FIELD OR WILDCAT NAME <u>Basin Dakota</u>	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 34, T26N, R5W</u>	
12. COUNTY OR PARISH <u>Rio Arriba</u>	13. STATE <u>New Mexico</u>
14. API NO. <u>30-039-22434</u>	
15. ELEVATIONS (SHOW DF, KDB, AND WD) <u>6,650' GL, 6,662' KB</u>	

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.)\*

PROGRESS REPORT  
See Attachments

From 2 13 52 To 3 0 52

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED ME Krugh TITLE Drilling Superintendent DATE 3-1-74

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

NMOCC

2-13-82 SI F/AOF & PKR LEAKAGE TEST.

2-14-82 SI F/AOF & PKR LEAKAGE TEST.

2-15-82 SI FOR TESTING AOF & BHP.

2-16-82 SI FOR TESTING AOF & BHP.

2-17-82 SI.

2-18-81 SI F/TESTING AOF, BHP, & PKR LEAKAGE TEST.

2-19-82 SI F/TESTING.

2-20-82/

3-5-82 SI F/TESTING.

