

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 ☐ GAS WELL ☒ OTHER SIMO #344320520 86 AUG -4 PM 1:11

2. NAME OF OPERATOR Marathon Oil Company FARMINGTON RES. / DE AREA FARMINGTON, NEW MEXICO

3. ADDRESS OF OPERATOR P. O. Box 552, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
SE NW Unit Letter F 1865' FNL & 1685' FWL

14. PERMIT NO. 30-039-22591 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6566' GL, 6579' KB

5. LEASE DESIGNATION AND SERIAL NO. Federal Tribal #154

6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Jicarilla Apache

9. WELL NO. 14E

10. FIELD AND POOL OR WILDCAT Blanco Mesaverde/Basin

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Dakota Sec. 34, T26N, R5W

12. COUNTY OR PARISH Rio Arriba 13. STATE N. Mexico

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) Please see below X

(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.)\*

The sliding sleeve in the tubing will be opened and production from the Point Lookout (Blanco Mesaverde) and Basin Dakota formations will be commingled for a 30 day test period.  
The estimated start date for this test is Sept. 1, 1988.

RECEIVED  
AUG 11 1988  
OIL CON. DIV.  
DIST. 3

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

SIGNED M. A. Jella TITLE Prod. Supt. DATE August 2, 1988

(This space for Federal or State office use)

APPROVED BY APPROVED TITLE AREA MANAGER DATE AUG 9 1988

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

\*See Instructions on Reverse Side