

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0-135  
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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR Marathon Oil Company	3. ADDRESS OF OPERATOR P. O. Box 552, Midland, TX 79702	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  2451' FSL & 1849' FWL	5. LEASE DESIGNATION AND SERIAL NO. SF-078872-A	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME Not Assigned	8. FARM OR LEASE NAME Bolack 4	9. WELL NO. 1	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T-27-N, R-11-W	12. COUNTY OR PARISH San Juan	13. STATE NM
14. PERMIT NO. API-30-045-27729	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6149' GL & 6161' KB											

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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) <u>Casing &amp; Cementing OPS</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>			

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.) \*

Spudded well at 13:45 hrs 5-09-90. Drilled 11" hole to 256'. Ran 6 jts, 8-5/8" 24#, K-55, STC casing to 252' KB, insert @ 211'. R.U. BJ & pumped 170 sx "B" + 1/4 pps celloflake + 2% CaCl<sub>2</sub>. Cement in place @ 1815 hrs 5-07-90. Circulated 25 sx to surface. Cut casing and N.U. figure 92 csg. head. N.U. 11" 3M Shaefer dual ram BOP & rotating head & 3M choke manifold. Tested blind and pipe rams and choke manifold to 2000 psi. Tested lines and kelly valves to 2000 psi. Ran accumulator performance test, test casing to 1000 psi. TIH & tagged cement @ 205'; drilled to 220' and tested shoe joint to 800 psi. Total WOC time 7-1/2 hrs. Resumed drilling formation w/ 7-7/8" bit.

Drilled 7-7/8" hole to 2000'. R.U. loggers, logged as follows: Z-DEN/CNL/GR/CAL 1997'-252. High res pass 1997'-1750', DIL 1997'-252, mini suite 1997'-252. Changed casing rams to 5-1/2"; R.U. casers and ran 47 jts., 5-1/2", 15.5#, K-55, LTC, casing w/ stage packer @ 1609', FC @ 1908', shoe @ 1998'. Cmt'd 1st stage w/ 80 sx Class "B" + 2% CaCl<sub>2</sub>. Set packer & opened DV tool; circulated 5 sacks to surface. Cmt'd 2nd stage w/ 310 sx Class "B" + 2% CaCl<sub>2</sub> + 1/4 pps celloflake; tailed in w/ 100 sx Class "B" + 1% CaCl<sub>2</sub>; circulated 170 sx cement. Cement in place @ 1915 hrs 5-09-90. NO BOP's and set casing slips w/ 38,000#, cut 5-1/2" casing and installed 5-1/2" SOW x 7-1/16" 3M tubing head. Released rig, vacuumed reserve pit and cleaned location. Waiting on completion unit.

RECEIVED  
MAY 23 1990  
OIL CON. DIV.  
DIST. 3

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

SIGNED [Signature]

TITLE Drilling Superintendent

DATE 5/18/90

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_  
NMOCD

ACCEPTED FOR RECORD

MAY 24 1990

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA