UNIT DEPARTMENT **GEOLOG**

below

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON*

(other)

Please see

Dec. 1973 UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE NM 020500 - Dakota 6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
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.)	7. UNIT AGREEMENT NAME		
(be not use firm 9–331–C for such proposals.)	8. FARM OR LEASE NAME Ohio "A" Government		
1. oil gas	9. WELL NO. 2E		
2. NAME OF OPERATOR Marathon Oil Company	10. FIELD OR WILDCAT NAME Basin Dakota		
3. ADDRESS OF OPERATOR P.O. Box 2659 Casper, WY 82602	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	Sec. 23, T28N, R11W		
below.) AT SURFACE: 1,570' FSL & 1,660' FWL, Unit K AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE San Juan New Mexico		
AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO. 30-045-24358		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 5,555' GL, 5,565' KB		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	COTT ER		
TEST WATER SHUT-OFF STRACTURE TREAT SHOOT OR ACIDIZE	RELEIVED RELEIVED		
REPAIR WELL PULL OR ALTER CASING WILL TIPLE COMPLETE	(NOTE: Report results of nuitiple completion 4981 change on Form -3303EP CON.		

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.)*

This well was spudded 4:15 p.m. 10-8-80. 9-5/8", 36#, K-55 surface casing was set at 529' KB with 300 sacks of cement.

2 Octob Volton Manu and Tyr	10		Set @ Ft.
Subsurface Safety Valve: Manu. and Typ			
18. I hereby certify that the foregoing is	strue and correct Drilling Superintendent	_ DATE	9/1/81
	(This space for Federal or State office us	e)	Charles
	TITLE	DATE _	LI I
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:			G.P. 8 1981
	NINIOCOL		

NMUCU

*See Instructions on Reverse Side

- ... NELUVIUS