

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
-
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: 1,570' FSL & 1,660' FWL, Unit K
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
-
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | | |
|-------------------------------------------------------------------------|-------------------------|
| 5. LEASE
NM 020500 - Dakota | |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 7. UNIT AGREEMENT NAME | |
| 8. FARM OR LEASE NAME
Ohio "A" Government | |
| 9. WELL NO.
2E | |
| 10. FIELD OR WILDCAT NAME
Basin Dakota | |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 23, T28N, R11W | |
| 12. COUNTY OR PARISH
San Juan | 13. STATE
New Mexico |
| 14. API NO.
30-045-24358 | |
| 15. ELEVATIONS (SHOW DF, KDB, AND WD)
5,555' GL, 3,565' KB | |

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other) Please see below

RECEIVED

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

U. S. GEOLOGICAL SURVEY
WASHINGTON, D. C.

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 cement top in the annulus behind the surface casing in the well No. 2E Ohio "A" Government is ground level.

The cement top in the annulus behind the 4-1/2" production casing is 3,415'.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____

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

SIGNED Bob Parker TITLE Drilling Superintendent DATE 9/1/81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY: _____

NMOCC

***See Instructions on Reverse Side**

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RECEIVED
SEP 10 1961
OIL CON. COM.
DIST 3

by B. G. M.