

CISF

Form 3160-5
June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.
LC-062052

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Tamano BSSC Unit #703

9. API Well No.
30-015-25736

10. Field and Pool, or Exploratory Area
Tamano (BSSC)

11. County or Parish, State
Eddy County, New Mexico

SUBMIT IN TRIPLICATE

RECEIVED

SEP 22 1992

**O. C. D.
MIDLAND OFFICE**

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
Marathon Oil Company

3. Address and Telephone No.
P.O. Box 552, Midland, TX 79702 (915)682-1626

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
**1980' FNL & 1980' FEL
Section 11, T-18-S, R-31-E**

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

TYPE OF ACTION

- Notice of Intent
- Subsequent Report
- Final Abandonment Notice

- Abandonment
- Recompletion
- Plugging Back
- Casing Repair
- Altering Casing
- Other **Remedial**

- Change of Plans
- New Construction
- Non-Routine Fracturing
- Water Shut-Off
- Conversion to Injection
- Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Add pay in the Bone Springs Second Carbonate & Acidize.

1. **MIRU PU. ND Wellhead. Install & Test BOPS. POOH w/production equipment.**
2. **Perforate the BSSC @ 8070'-8102' w/2 spf. Acidize entire BSSC interval. Swab back load. RHW/production equipment.**
3. **ND BOPS & install wellhead.**
4. **RD PU. MOL.**

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

Signed *Paul D. Lockhart*

Title **Advanced Engineering Tech**

Date **8/23/92**

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date **9/21/92**