

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM Oil
Drawer DD
SUBMIT 88216
Artesia (Other instructions on reverse side)
CATE*

Form approved.
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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	RECEIVED BY MAY 19 1986 O.C.D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM-16316
2. NAME OF OPERATOR Marathon Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 552, Midland, Texas 79702		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2050' FNL & 2100' FEL		8. FARM OR LEASE NAME Bitter Lake Federal
14. PERMIT NO. 30-005-61164	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3684' GR 3688' KB	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Wildcat - Abo
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T-8S, R-24E
		12. COUNTY OR PARISH Chaves
		13. STATE New Mexico

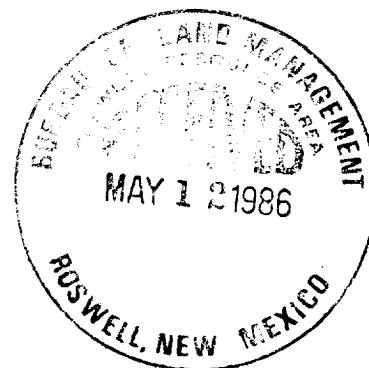
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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>Temporarily Abandon</u> <input checked="" type="checkbox"/>	
(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.)*

Marathon requests that the Bitter Lake Federal Well No. 1 continue to be granted temporarily abandoned status.

This well has been temporarily abandoned since June 1982.



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

SIGNED Thomas F. Zaparka TITLE Production Engineer DATE May 9, 1986

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE
APPROVED FOR 12 MONTH PERIOD
ENDING 5/13/87
*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER
MAY 13 1986