

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Budget Bureau N. 1004-1
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL

LC-029388 (d)

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.)

RECEIVED

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Marathon Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 552, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

Unit Letter C, 660' FNL & 1980' FWL

14. PERMIT NO.

Not Available

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

GR 3735'

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

NOTICE OF INTENTION TO:

TEST WATER SHUT OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOTING OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

OTHER

Squeeze DV Tool

X

SUBSEQUENT REPORT OF:

WATER SHUT OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

Other:

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

17. DESCRIBE PROPOSED OR OTHER OPERATIONS. (Give in state as 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 perti-
nent to this work.)

Marathon Oil Company proposes to squeeze off the DV Tool @ 5984', retrieve the
bridge plug @ 8110', and produce from (2) zones @ the intervals 8118'-8180' and
8416'-8644'. Proposed work is scheduled to begin upon approval of form 3160-5.

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

SIGNED J. R. Jenkins

TITLE Production Superintendent

DATE 5/5/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 5-9-88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side