

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI
(Other instructio. on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0659

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Marathon Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Sawyer (West) San Andre

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 23, T-9-S, R-37-E

12. COUNTY OR PARISH 13. STATE

Lea New Mexico

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 ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Flag-Redfern Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 23, Midland, Texas 79701

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

2180' FNL & 1980' FWL, Section 23, T-9-S, R-37-E

14. PERMIT NO.

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

3990' D.F.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Setting surface casing

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

(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 perti-
nent to this work.)*

Drilled 12 1/2" hole to 427'. Set 8-5/8", 20 lb/ft new
casing at 427'. Cemented with 250 sx Class H, 2% CaCl₂.
Cement job complete at 2:30 A.M., 9-1-73.

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

SIGNED Dyson H. Shears

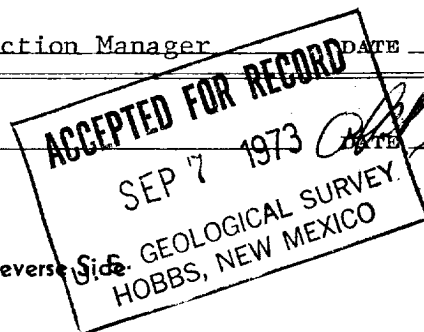
TITLE Production Manager

DATE 9-6-73

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE



*See Instructions on Reverse Side.