

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other instructions reverse side)Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

NM 06531 A

## 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  |  | 7. UNIT AGREEMENT NAME<br>Lea Unit                                  |
| 2. NAME OF OPERATOR<br>Marathon Oil Company  |  | 8. FARM OR LEASE NAME<br>Lea Unit                                   |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 220, Hobbs, New Mexico  |  | 9. WELL NO.<br>4  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><br>1980' FNL and 660 FEL |  | 10. FIELD AND POOL, OR WILDCAT<br>Lea Bend                          |
| 14. PERMIT NO.   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 11-20S-34E |
| 15. ELEVATIONS (Show whether DF, RT, CR, etc.)<br>DF 3676'   |  | 12. COUNTY OR PARISH<br>Lea   |
|  |  | 13. STATE<br>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) in Bend Gas zone, trt. Dev. <input checked="" type="checkbox"/>                               |  |
| (Other) <input 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.)\*

Set Halliburton retrievable bridge plug and RTTS tool @ 10,250'. Squeezed Bone Springs perfs. @ 10,168' to 10,176' w/50 sks. Incor cement with 3/4 of 1% CFR-2. Moved RTTS packer to 9401'. Squeezed perfs. 9500 to 9522' w/100 sks. Incor cement with 3/4 of 1% CFR-2. Drilled out cement. Pressured up on perfs. to 1500# for 10 min. held O.K.

Dresser-Atlas perf. 7" csg. w/2" gun @ 12,852, 53, 54, 55, 56, 57, 58, 59, 60, 61, 63, 12,952, 53, 54, 55, 56, 57, 58, 59, 60, 61, 12,963, 64, 65, 12,969, 70, 71, and 72' with 1 JSPF (28 shots).

Western Co. treated perfs. in Bend Gas zone from 12,852-12,972' w/6000 gal. 15% Spearhead acid & 19 - 5/8" RCN ball sealers.

Acidized Devonian perfs. @ 14,420-424' and 14,450-482½' w/4000 gal. 15% NE acid.

Workover successful.

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

SIGNED W. J. GessingerTITLE Act. Area Supt.DATE 11-25-69

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

ACCEPTED FOR RECORD

DEC 17 1969

\*See Instructions on Reverse Side  
U.S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO