

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
HOBBS OFFICE O. C. C.

SUBMIT IN TRIPLICATE*
(Other Instructions
reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

02127-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Lea Unit

8. FARM OR LEASE NAME

Lea Unit

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Lea Bone Springs

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

12 - 20 S - 34 E.

12. COUNTY OR PARISH 13. STATE

Lea

New Mex.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Marathon Oil Company

3. ADDRESS OF OPERATOR

Box 220 - Hobbs, New Mexico

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

1980' FSL & 660' FWL

14. PERMIT NO.

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

3674' DF

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) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

Total Depth: 14,735'; PBD 14,686'. Plan to perforate 7" csg in Lower Bone Springs Section from 10,170' to 10,176' and treat w/2000 gal acid to open additional producing zone in Bone Springs.

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

SIGNED Albert Meeker, Jr. TITLE Asst. Supt.

DATE 4/28/64

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

