

**N. M. OIL CONS. COMMISSION**  
**UNITED STATES DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**  
**HOBBS, NEW MEXICO 88240**

Form approved.  
Budget Bureau No. 42-R1424.

**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. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <b>NM-02127-B</b>
2. NAME OF OPERATOR <b>Marathon Oil Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>P.O. Box 2409 Hobbs, NM 88240</b>		7. UNIT AGREEMENT NAME <b>Lea Unit</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <b>At surface</b>  <b>1980' FNL &amp; 1980' FWL, Sec. 12, T20S, R34E</b>		8. FARM OR LEASE NAME <b>Lea Unit</b>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>GR 3667'</b>	9. WELL NO. <b>2</b>
		10. FIELD AND POOL, OR WILDCAT <b>Lea Devonian</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 12, T20S, R34E</b>
		12. COUNTY OR PARISH, 13. STATE <b>Lea NM</b>

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>Install submersible pump</u> <input checked="" type="checkbox"/>	
(Other)		(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.)\*

On February 1, 1983 a Kobe submersible pump was installed in this well replacing the gas lift mode of production. A production test on February 9 showed this well to be producing at a rate of 162 BOPD and 1293 BWPD with a GOR of 330. Prior to this workover, this well produced on gas lift 37 BOPD and 505 BWPD.

**RECEIVED**

**OIL & GAS  
MINERALS MGMT. SERVICE  
ROSWELL, NEW MEXICO**

18. I hereby certify that the foregoing is true and correct.  
SIGNED Thomas F. Zapatka TITLE Production Engineer DATE 2-10-83

(This space for Federal or State office use)

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

**ACCEPTED FOR RECORD**

**JUL 13 1983**

\*See Instructions on Reverse Side

ROSWELL, NEW MEXICO