

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other Instructions
reverse side)TE-
re-Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 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.

2

10. FIELD AND POOL, OR WILDCAT

Lea Devonian

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

Sec. 12-20S-34E

12. COUNTY OR PARISH 13. STATE

Lea

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER2. NAME OF OPERATOR
Marathon Oil Company3. ADDRESS OF OPERATOR
P.O. Box 220, Hobbs, New Mexico4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FNL & 1980' FWL

14. PERMIT NO.

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

GR 3667'

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 ☐~~XXXXXXXX~~ 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 noted pertinent to this work.)*

TD 14,501'. PB 14,476'. Byron Jackson, Inc. treated Devonian perms. in 5" liner from 14,387'-14,461' w/2000 gal. 15% acid. Pumped 67 bbls. @ 1/4 BPM w/3000 psi, pumped 121 bbls. @ 4 BPM w/1000 psi, Avg. rate .8 BPM, Max. pressure 3000 psi, Min. pressure 500 psi, Final SDP vacuum. Started well to gas lift 14 BO & 153 BW in 15 hrs. CP 840#.

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

SIGNED: J. L. GordonTITLE Area Supt.DATE 2-17-69

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE

FEB 24 1969

J. L. GORDON
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side