Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

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. OIL WELL [X] GAS WELL [ ] OTHER

2. NAME OF OPERATOR: Marathon Oil Company

3. ADDRESS OF OPERATOR: P.O. Box 220, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980' FNL & 1980' FWL

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 Bone Springs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 12-20S-34E

12. COUNTY OR PARISH: Lea

13. STATE: New Mexico

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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]				
(Other) Acidize			[X]	(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.)*

Plan to treat Bone Springs formation with 1000 gals.

15% N.E.F.E. H.C l Acid.

cc: CoPL; LHS; BGH; Sinclair; Pure Oil; Hamon; File

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

SIGNED [signature] TITLE Area Supt. DATE 6-27-67

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUL 28 1967

*See Instructions on Reverse Side