(Other)

CONDITIONS OF APPROVAL, IF ANY:

Form 9-331 (May 1963) DEPA	UN! STATES RTMEN: OF THE INTER GEOLOGICAL SURVEY	SUBMIT IN TRIPL' (Other instructions verse side)	Form approved. Budget Bureau No. 42-R1424. 5. LEANE DENIGNATION AND SERIAL NO. N. M. O2127-B
(Do not use this form for	OTICES AND REPORTS proposals to drill or to deepen or plus prication for PERMIT—" for such	ON WELLS c back to a different reservoir. proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL CO WELL OTHER 2. NAME OF OPERATOR			7. UNIT AGREEMENT NAME LOS Unit 8. FARM OR LEASE NAME
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! FNL and 1980! FWL			Lea Unit 9. WELL NO. 2 10. FIELD AND POOL, OR WILDCAT Lea Devonian
			14. PERMIT NO.
16. Check	k Appropriate Box To Indicate	Nature of Notice, Report, o	r Other Data
NOTICE OF INTENTION TO:		SUBS	SEQUENT REPORT OF:
FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	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.) *

Rigged up Western Company and treated Devonian zone perforations in 4-1/2" liner from 14,387 - 414 and 14,431 - 458 with 2000 Gal. Spearhead acid. Work comment and completed 7-6-64.

18. I hereby certify that the foregoing is true and correct Assit. Supt. (This space for Federal or State office use) APPROVED BY

*See Instructions on Reverse Side

DISTRICT ENGINEER