

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLET  
(Other instructions  
reverse side)TE  
reForm approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 01747

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Lea Unit

8. FARM OR LEASE NAME

Lea Unit

9. WELL NO.

5

10. FIELD AND POOL, OR WELDEAT

Lea Devonian Oil  
Bend Gas11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 12, Twp 20S, Rge34E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

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 ☒ GAS WELL ☒ OTHER Dual - Devonian Oil; Penn. Gas2. 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' FSL and 1980' FEL

14. PERMIT NO.

--

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

GR 3665'

## 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐  
☐  
☐  
☐

PULL OR ALTER CASING

☐  
☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☒

FRACTURE TREATMENT

~~XXXXXXXXXX~~ ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(NOTE: Report results of multiple completion on W-1  
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.) \*

TD 14,476'. Western Company treated Bend Gas Perfs. 12,911-12,960' in 7" casing w/5000 gal. 15% Spearhead acid. Used 2 stages of rock salt for control. Max. pressure 6400 psi, Min. pressure 4000 psi, Avg. 6000 psi, rate 3.5 BPM, ISDP 4900 psi, 3 min. 0#.

Prior to well treatment Bend Gas zone was shut in. After treatment Bend Gas is producing at the rate of 860 MCF/day.

11-7-68

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

SIGNED

TITLE

Area Supt.

DATE

2-17-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

\*See Instructions on Reverse Side

J. L. GORDON  
ACTING DISTRICT ENGINEER