

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPI  
(Other instructions  
reverse side)

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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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Salt Water Disposal Well		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Marathon Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 2409, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME Lea Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  810' FNL & 1980' FEL		8. FARM OR LEASE NAME Lea Unit	
14. PERMIT NO.		9. WELL NO. 8	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KDB 3693'; GL 3674'		10. FIELD AND POOL, OR WILDCAT Lea Unit, Capitan Reef	
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 12, 20-S, 34-E	
		12. COUNTY OR PARISH Lea	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)\*

1. Rigged up pump truck.
2. Pumped 2,000 gallons 15% FE acid and 400 gallons 15% NE acid at an average rate of 3.6 bbls/min. Then pumped 2,600 gallons 15% NE acid at an average rate of 1 bbl/min. No pressure was encountered while pumping acid. ISIP - vacuum.
3. Returned well to injection. With pump on, wellhead showed 19 inches vacuum. Prior to acidizing well was showing positive pressure with pump on. 2-1-78.

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

SIGNED

TITLE Production Engineer

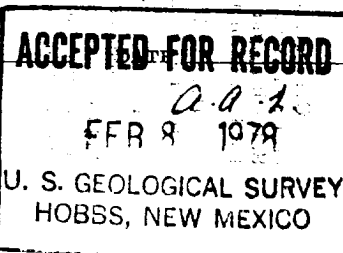
DATE February 3, 1978

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side