

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLI
(Other instructions
verse side)DE-
reForm approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 02127-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 <input type="checkbox"/> Salt Water Disposal Well		7. UNIT AGREEMENT NAME Lea Unit	
2. NAME OF OPERATOR Marathon Oil Company		8. FARM OR L. COMM. HOBBS, N. Lea Unit SWD	
3. ADDRESS OF OPERATOR P.O. Box 220, Hobbs, New Mexico 88240		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1905' FSL and 810' FWL		10. FIELD AND FOOL, OR WILDCAT Lea Unit Area	
14. PERMIT NO.		11. SEC., T., B., M., OR PLK. AND SURVEY OR AREA 34 Sec. 12-20S-14E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) DF 3665'		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.)*

2-9-70

TD 4137'. Acidized well with 1000 gal. 15% HCL acid. Prior to acidizing well would only take 5695 BW in 24 hrs. on pump. After acidizing well would take 7286 BW in 24 hrs. on pump.

3-4-70

TD 4137'. Treated well with 40 gals. of Astrofoam surfactant mixed 1000 gals. of brine water. Shut well in over night. Back washed well to pit for 4-1/2 hrs. Treated well with 1000 gals. of 15% iron stabilized acid. Back washed well to pit for 2 hrs. Returned waste water to well and injected at approximately 6000 BWPd with 200 psi tubing pressure.

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

SIGNED

C. S. Hilt

TITLE

Area Supt.

DATE 3-17-70

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

MAR 23 1970

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO