

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions  
reverse side)Form 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Lea Unit	
2. NAME OF OPERATOR Marathon Oil Company		8. FARM OR LEASE NAME Lea Unit	
3. ADDRESS OF OPERATOR P.O. Box 2409, Hobbs, New Mexico 88240		9. WELL NO. 3	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FEL & 1980' FSL		10. FIELD AND POOL, OR FIELD Lea Penn Gas Lea Devonian Oil	
14. PERMIT NO. Current		15. ELEVATIONS (Show whether DF, RT, GR, etc.) DF 3674'	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13-20S-34E		12. COUNTY OR PARISH Lea	
13. STATE New Mexico			

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other) Aband. Penn zone &amp; recompleat x

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☐CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

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 and 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 abandon the Penn gas completion zone and return well to  
production as a single Devonian oil producer.

*Penn zone will be plugged with cement*

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

SIGNED

*C. S. Dill*

TITLE

Area Superintendent

DATE 1-29-73

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE