

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.  
3. LEASE DESIGNATION AND SERIAL NO.

N. M. ~~1603~~ 053434

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

None

7. UNIT AGREEMENT NAME

Lea Unit

8. FARM OR LEASE NAME

Lea Unit

9. WELL NO.

11

10. FIELD AND ZONE FOR WILDCAT

Lea - Devonian

Lea - Pennsylvanian

11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA

Sec 22, Twp 20S, Rge 34E

1. OIL WELL ☒ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

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' FWL and 660' FSL of Section 22

14. PERMIT NO.

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

3656' Gr

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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Abandon Devonian Oil Zone

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

X

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 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.)\*

We propose to temporarily abandon the Devonian oil zone and perforate additional intervals in the Pennsylvanian gas zone.

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

SIGNED

*[Signature]*

TITLE

Area Superintendent

DATE

6-8-65

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

