

May 1963

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1

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 ☐

2. NAME OF OPERATOR  
Marathon Oil Company

3. ADDRESS OF OPERATOR  
P.O. Box 2409 Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with State requirements. See also space 17 below.)  
At surface  
1980' FNL & 990' FEL Sec. 13, T-20S, R-34E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
GR 3661.7'

5. LEASE DESIGNATION AND SERIAL NO.  
NM 053434

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Lea Unit

8. FARM OR LEASE NAME  
Lea Unit Deep

9. WELL NO.  
12

10. FIELD AND POOL, OR WILDCAT  
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 13, T-20S, R-34E

12. COUNTY OR PARISH  
Lea

13. STATE  
NM

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 checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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 type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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 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.)\*

Circulate hole with formation water.

Perforate Devonian w/2JSPF at 14,421', 22, 23, 24, 28, 31, 32, 33, 34, (Total 18 holes)

TIH with 7 5/8" Baker treating packer on 2 7/8" x 2 3/8" tapered string. Displace the tubing with 500 gal, double inhibited, 15% HCl w/3 1/2 gal HAI-50 leaving 250 gal. in the tubing and 250 gal. out of the tubing.

Set packer and flange up wellhead.

Displace remaining 250 gal. acid into the formation.

Swab well onto production.

Propose to begin perforating on February 20, 1980.

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

SIGNED Ralph M. DePauw TITLE Production Engineer

DATE February 20, 1980

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

FEB 24 1980

ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side