

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE
(Other instruction
verse side)

Budget Bar Code No. 1004-011
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.

NM 053434
0 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 552, Midland, Texas 79702		9. WELL NO. 14	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 660' FEL Unit A		10. FIELD AND POOL, OR WILDCAT Lea (Bone Spring)	
14. PERMIT NO. 30-025-30138		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 14, T-20-S, R-34-E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3649' GL		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Drilling Operations</u> <input checked="" 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.) *

Drilled 12 1/2" intermediate string hole from 908' - 5372'. Set 8 5/8" K-55, 32#, LT&C casing @ 5370' with external casing packer @ 3916' & DV tool @ 3866'. Cemented 1st Stage w/500 sxs Lite w/5# salt, 5# Hyseal, & 1/2# celloseal followed by 300 sxs Class "C" cement. Set ECP tool, opened DV tool, & cemented 2nd Stage w/1600 sxs Lite w/5# salt, 5# Hyseal, & 1/2# celloseal. Circulated 45 bbls water, no cement. Witnessed by BLM. Ran Temp survey; Top of cement @ 3000'. Ran 1" tubing to 1861', broke circulation, & cemented w/300 sxs Class "C" & 550 sxs Lite on 12-2-87. Circulated cement. Witnessed by BLM. Welded on casinghead & NU BOPE. Tested BOPE to 5000 psi & casing to 1200 psi. Resumed drilling w/7 7/8" bit.

RECEIVED

DEC 17 1987
BUREAU OF LAND MANAGEMENT
ALBUQUERQUE, NEW MEXICO

ACCEPTED FOR RECORD

DEC 23 1987

SJS
CARLSBAD, NEW MEXICO

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

SIGNED Henry D. Lewis TITLE Dist. Drlg Superintendent DATE 12-15-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side