

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

COPY TO G. C. C.  
SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved,  
Budget Bureau No. 42-R1424.

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	
2. NAME OF OPERATOR Marathon Oil Company		8. FARM OR LEASE NAME C. J. Saunders	
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  430 930' FNL & 2307' FNL Sec 1 T-22S R-36E		10. FIELD AND POOL, OR WILDCAT Drinkard	
14. PERMIT NO.		11. SEC., T., R., M., OR S.E. AND SURVEY OR AREA Sec. 1, T-22S, R-36E	
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3514.14' GR 3526.4' KB		12. COUNTY OR PARISH 13. STATE Lea 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 type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) Set pumping unit		X	

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)			

(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.)\*

1. Run 265 3/4 and 7/8" sucker rods to 6637'.
2. Place a Lufkin 456 pumping unit at well site.
3. Pump test Drinkard formation for approximately 3 weeks to study Drinkard formation.
4. Wait on further orders.

RECEIVED

FEB 16 1979

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

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

SIGNED Michael G. Henderson TITLE Production Engineer DATE 2-15-79

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

APPROVED  
FEB 20 1979  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side