Form 9-331 UN ED STATES TO C. SCENIT IN TRIP? TEO DEPARTME OF THE INTERIOR (Other Instruction re-						Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.
GEOLOGICAL SURVEY						New Mexico 033910
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.)						6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL X GAS C						7. UNIT AGREEMENT NAME
WELL OTHER 2. NAME OF OPERATOR						None : : :
Marathon Oil Company UC 15 1964						Federal McGrail
3. ADDRESS OF OPERATOR						9. WELL NO.
Box 220, Hobbs, New Mexico 4. LOCATION OF WELL (Report location clearly and in accordance with an Carlo reflection of the control of the con						2
See also space 17 below.)						10. FIELD AND POOL, OR WILDCAT
At surface 660/N 1950/w						Allison-Penn
Section 20, T.8-S., R.37-E.						11. SEC., T., R., M., OR BLE. AND SURVNY OR ARMA
						Sec.20-8S-37E
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)			ji	12. COUNTY OR PARISH 13 STATE
		4059' D.F.			-	一 号音算数 二基 计多算差
TEST WATER SHUT- FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)		CULL OR ALTER CASING IULTIPLE COMPLETE BANDON® CHANGE PLANS	x	WATER SHUT-OFF FRACTURE TREATMEN SHOOTING OR ACIDIZI (Other) (Note: Report Completion or)	results of Recomple	REPAIRING WELL ALTERING CABING ABANDONMENT* of multiple completion on Well tion Report and Log form.)
proposed work. nent to this work.	ii wen in directio	nations (Clearly state and	all pertinent de urface locations	tails, and give pertinen and measured and true	t dates, i e vertical	including estimated date of starting any depths for all markers and zones perti-
l. Set cast :	and abandon iron cement	this well, be	5001. (7º	collansed cas: " casing colla	ing, a	as follows: 10 to
3. Leave 25'	cement abo	ve retainer (1	ton of nu	ng @ 65751\	•	일 - 월병점등 - 송 (육왕회회
			_	_	nσ.	
4. Shoot off casing at approximately 6550' and pull 7" casing. 5. Place cement plug from 6575' to 6400'.						
			01 9 2/0.	casing (botto	om OI	casing @ 42041)
7. Place 25' plug at surface.						
		ugged and abar		-	es g	The state of the s
Huyan	ed to	be spotte	d beto	NEEM plugs		

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

SIGNED CECLEAT Michical TITLE Assistant Superintendent DATE 10-14-64

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

APPROMISER DISTRIC ENGINEER