

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

1 S.
ALOSIA, NM

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT - " for such proposals

SUBMIT IN TRIPLICATE

| | |
|--|--|
| 1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other | 5. Lease Designation and Serial No. NM 07260 |
| 2. Name of Operator Marathon Oil Company | 6. If Indian, Allottee or Tribe Name INDIAN HILLS UNIT #12 |
| 3. Address and Telephone No. P.O. Box 552 Midland, TX 79702 915-682-1626 | 7. If Unit or CA, Agreement Designation INDIAN HILLS UNIT |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) UL "F" 2080' FNL & 2130' FWL SECTION 33, T-21-S, R-24-E | 8. Well Name and No. INDIAN HILLS UNIT #12 |
| | 9. API Well No. 30-015-28813 |
| | 10. Field and Pool, or exploratory Area INDIAN BASIN UPPER PENN ASSOCIATED/DEVONIAN |
| | 11. County or Parish, State EDDY NM |

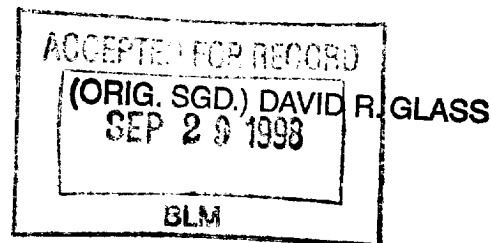
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION | TYPE OF ACTION | |
|---|--|--|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input checked="" type="checkbox"/> Subsequent Report | <input checked="" type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
| | <input checked="" type="checkbox"/> Other DOWNHOLE SEP. & DISPOSAL | <input type="checkbox"/> Dispose Water |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

MARATHON OIL COMPANY has deepened this well for use as a salt water disposal well in the Devonian formation. The well will produce simultaneously from the Upper Penn formation as well. Recompletion was accomplished as shown on the attached.



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

Signed Garry Lark Title Engineer Technician Date 9/17/98

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: