Form 3160-5 (August 1999)

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0135

OIVIL				,,,
Expires:	Nover	nber	30,	2000

5. Lease Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS			SF	SF_080382A	
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.				6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on reverse side				If Unit or CA/Agreement, Name and/or	
1. Type of Well Oil Well X Gas Well Other 2. Name of Operator		Well Name and No. hwerdtfeger No. 10			
Marathon Oil Company			9	API Well No.	
3a. Address	3b. Phone No. (include area code)		30-045-06583		
PO Box 2490, Hobbs, NM 88240	505/393-7106	10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec., T., R., M., or Survey L	Description)			tz G angor ctured Cliffs	
Sec. 16, T-27-N, R-11-W UL C, 990' FNL & 1650' FWL		1	1. County or Parish, State		
12. CHECK APPROPRIATE	BOX(ES) TO IN	DICATE NATURE OF			
TYPE OF SUBMISSION	BOX(20) 10 III		PE OF ACTION		
TIPE OF SUBMISSION					
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Production (Sta	art/Resume) Water Shut-Off Well Integrity	
Subsequent Report	Casing Repair	New Construction	Recomplete	Other	
	Change Plans	Plug and Abandon	X Temporarily A		
Final Abandonment Notice	Convert to Inject		Water Disposa		
Describe Proposed or Completed Operation (clearly)			<u> </u>		
following completion of the involved operations. I testing has been completed. Final Abandonment Metermined that the final site is ready for final inspection. Due to rig availability, Marathon previously stated work on form 31	Notices shall be filed o ection.) requests an expression of the control of the c	nly after all requirements, in ktension from April	cluding reclamation, 20, 2001 to A	have been completed, and the operator haugust 20, 2001 on the	
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9			A		
22				MAR 2001	
Section Sectio			li di		
2001 MAR	_		100 100 100 100 100 100 100 100 100 100	CALCON, DIV EIST. 3	
14. I hereby certify that the foregoing is true and correct		Title		Well Inch	
Name (Printed/Typed) Kelly Gook		Admin	. Assistant		
Lucy Cook		Date 3/23/01			
THI	S SPACE FOR FE	DERAL OR STATE OF	FICE USE		
Approved by		Title		Date 3/28/01	
Conditions of approval, if any, are attached. Approval certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations	o those rights in the su			, -0/	
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