Form 3160-5 (August 1999)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0135 Expires: November 30, 2000

5. Lease Serial No.

SF - 080382A

#### SUNDRY NOTICES AND REPORTS ON WELLS

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 op reverse side			7. If Unit or CA/Agreement, Name and/or N	
f	5005		8. Well Name a	
<u>.</u>				
<u> </u>			9. API Well No	).
**************************************	3b. Phone No. (include area code)		30-045-0682	27
	505 / 393-7106		10. Field and P	ool, or Exploratory Area
Description)	W. Santa Santa		West Rutz I	Pictured Cliffs
			11. County or Parish, State Sam Juan NM	
BOX(ES) TO IN	DICATE NATURE OF	NOTICE, RE		
TYPE OF ACTION				
Acidize	Decpen	Producti	on (Start/Resume)	Water Shut-Off
Alter Casing  Casing Repair	Fracture Treat  New Construction			Well Integrity Other
Change Plans Convert to Inject	Plug and Abandon ion Plug Back			
•	Description)  BOX(ES) TO IN  Acidize Alter Casing Casing Repair Change Plans	3b. Phone No. (include at 505 / 393-716)  BOX(ES) TO INDICATE NATURE OF  TY  Acidize Deepen Alter Casing Fracture Treat Casing Repair New Construction Change Plans Plug and Abandon	3b. Phone No. (include area code)  505 / 393-71.06  BOX(ES) TO INDICATE NATURE OF NOTICE, RE  TYPE OF ACTION  Acidize	8. Well Name a Schwerdt fee  9. API Well No. (include area code) 30-045-068: 10. Field and P West Ritz I  11. County or San Juan  E BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTH  TYPE OF ACTION  Acidize  Production (Start/Resume) Alter Casing Fracture Treat Reclamation Casing Repair New Construction Recomplete Change Plans Plug and Abandon Temporarily Abandon

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

Marathon Oil Company saving this well for its potential with respect to the Basin Fruitland Coal downspacing opportunities, possibly in 2003.

A MIT was done September 10, 2001. The well was pressured up to 650 psi for 30 minutes with no pressure drop. This test was witnessed by Bruce Martin, OCD Representative. A copy of the chart is attached to the original was given to the OCD.

### THIS APPROVAL EXPINES JAN 0 1 2003

14. I hereby certify that the foregoing is true and correct Name (Printed Typed)  Relly Cook Affill (Wh	Title  Admin. Assis	tant
- J	Date December 20, 2	001
THIS SPACE FO	OR FEDERAL OR STATE OFFICE US	
Approved by	Title	Date 1/3/02
Conditions of approval, if any, are attached. Approval of this notice do certify that the applicant holds legal or equitable title to those rights in which would entitle the applicant to conduct operations thereon.	oes not warrant or in the subject lease	

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.



#### NEW MEXICO ENERGY, MINERALS & NATURAL RESOURCES DEPARTMENT

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# MECHANICAL INTEGRITY TEST REPORT (TA or UIC)

_	Marathon O:1 lo API#30-045-06827  Well#14 Location: Unit I Sec 5 Twn 27 Rge11
Lan∢ Type: State Federal_Y_ Private Indian	Well Type:  Water Injection  Salt Water Disposal  Gas Injection  Producing Oil/Gas K  Pressure observation
Temporarily Abandoned Well (Y/N): Yes	TA Expires: 7-15-02
Braclenhead Pres Tog Tubing Pres Int. Casing Pres	Max. Inj. Pres  mins. Test passed/failed
REMARKS: No pressure desp.	
By Operator Representative)	Witness NMOCD)
(Position)	REVISED 11-17-98

