

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

**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.

**SUBMIT IN TRIPLICATE - Other instructions on reverse side**

|  |  |   |
|--|--|---|
| 1. Type of Well<br><input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other           |  | 5. Lease Serial No.<br><b>SP - 0803824</b>                                  |
| 2. Name of Operator<br><b>Marathon Oil Company</b>   |  | 6. If Indian, Allottee or Tribe Name  |
| 3a. Address<br><b>PO Box 2490 Hobbs, NM 88240</b>  | 3b. Phone No. (Include area code)<br><b>505 / 395-7106</b> | 7. If Unit or CA/Agreement, Name and/or No.                                 |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br><b>UL C, 990' FWL &amp; 1650' FWL<br/>Sec. 5, T-27-N, R-11-W</b> |  | 8. Well Name and No.<br><b>Schwerdtfeger No. 13</b>                         |
|  |  | 9. API Well No.<br><b>30-045-06923</b>                                      |
|  |  | 10. Field and Pool, or Exploratory Area<br><b>West Ritz Pictured Cliffs</b> |
|  |  | 11. County or Parish, State<br><b>San Juan NM</b>                           |

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

| TYPE OF SUBMISSION                                    | TYPE OF ACTION                                |   |   |   |
|---|---|---|---|---|
| <input checked="" type="checkbox"/> Notice of Intent  | <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen           | <input type="checkbox"/> Production (Start/Resume)      | <input type="checkbox"/> Water Shut-Off |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Fracture Treat   | <input type="checkbox"/> Reclamation                    | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Final Abandonment Notice     | <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete                     | <input type="checkbox"/> Other          |
|   | <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon | <input checked="" type="checkbox"/> Temporarily Abandon |   |
|   | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back        | <input type="checkbox"/> Water Disposal                 |   |

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

A MIT was done on September 10, 2001. The well was pressured up to 700 psi for 30 minutes with no pressure drop. This test was witnessed by Bruce Martin, OCD Representative. A copy of the chart is attached and the original was given to the OCD.

**THIS APPROVAL EXPIRES JAN 01 2003**

**RECEIVED**

**JAN 8 - 2002**

|  |                                  |                              |
|--|----------------------------------|------------------------------|
| 14. I hereby certify that the foregoing is true and correct<br>Name (Printed/Typed)<br><b>Kelly Cook</b> | Title<br><b>Admin. Assistant</b> | <b>HOBBS PRODUCTION AREA</b> |
|  | Date<br><b>December 20, 2001</b> |                              |

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

|   |                      |                       |
|---|----------------------|-----------------------|
| Approved by<br><i>[Signature]</i>   | Title<br><b>MS</b>   | Date<br><b>1/3/02</b> |
| Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. | Office<br><b>FFO</b> |                       |

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

OIL CONSERVATION DIVISION  
AZTEC DISTRICT OFFICE  
1000 RIO BRAZOS ROAD  
AZTEC NM 87410  
(505) 284-6170 FAX: (505) 284-6170  
<http://www.dnr.state.nm.us/ocd/aztec/aztec.htm>

MECHANICAL INTEGRITY TEST REPORT  
(TA or UIC)

Date of Test 9-10-01 Operator Marathon Oil Co. API # 30-045-06923  
Property Name Schwendtfever Well # 13 Location: Unit C Sec 5 Twn 27 Rge 11

Land Type:

State \_\_\_\_\_  
Federal X  
Private \_\_\_\_\_  
Indian \_\_\_\_\_

Well Type:

Water Injection \_\_\_\_\_  
Salt Water Disposal \_\_\_\_\_  
Gas Injection \_\_\_\_\_  
Producing Oil/Gas X  
Pressure observation \_\_\_\_\_

Temporarily Abandoned Well (Y/N): yes

TA Expires: 7-11-02

Casing Pres. \_\_\_\_\_  
Bradenhead Pres. \_\_\_\_\_  
Tubing Pres. \_\_\_\_\_  
Int. Casing Pres. \_\_\_\_\_

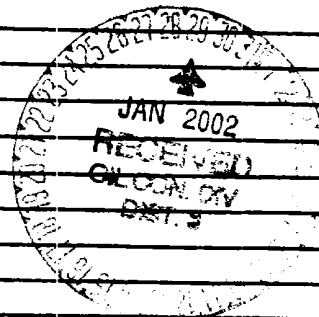
Tbg. SI Pres. \_\_\_\_\_  
Tbg. Inj. Pres. \_\_\_\_\_

Max. Inj. Pres. \_\_\_\_\_

Pressured annulus up to 700 psi. for 30 mins. Test passed/failed

REMARKS:

No pressure drop.



Witness

Frank Martin  
(NMOCD)

(Operator Representative)

Prod. Supervisor  
(Position)

REVISED 11-17-98

