Form 3160-5 (August 1999)

## **ED STATES** DEPARTMENT OF THE INTERIOR

N.M. Oil C. 3. Division FORM APPROVED
OMB NO. 1004-0135
Expires: November 30, 20

C1810

(August 1999)	DELAKTMENT		0110.13	or Other	Expires:	November 30, 2000	
	BUREAU OF LA	ND MANAGEMENT	Artesia, I	VM 8821	) Dan Gerial	No.	
s	UNDRY NOTICES	AND REPORTS ON WELLS			NM 070522A		
		proposals to drill or to re				lottee or Tribe Name	
aband	loned well. Use Form	1 3160-3 (APD) for such	proposals.				
SUBMIT	IN TRIPLICATE - C	Other instructions on	reverse side 30	5.7%	7. If Unit or CA	A/Agreement, Name and/o	
			202120	37			
Type of Well	<b>□</b>		150 A	(c)	8. Well Name a	and No.	
Oil Well X Gas Well	Other		Z	<del></del>	INDIAN BASI		
2. Name of Operator	/	(8	DE CEIVE	0 0			
Marathon Oil Compan	<u>y</u>	136	Phone No. Vinclude of	eacode) 00	9. API Well No 30-015-3111		
3a. Address	d TV 70702	800-861 1417			10. Field and Pool, or Exploratory Area		
P.O. Box 552 Midla 4. Location of Well (Footage, Se	oc T R M or Survey D	Description)	100 and 1111	59/		IN UPPER PENN GAS	
SURFACE: UL "J", 1			टेंग हा दा ११ हा छ। इस दा ११ हो छ।	c\V\	POOL		
BOTTOM HOLE: UL "N	", 695' FSL & 171	II' FWI	191914	, 6.	11. County or l	Parish, State	
SECTION 26, T-21-S,					EDDY	NM	
3ECT10N 20, 1-21 5,	CK ADDDODDIATE	BOX(ES) TO INDICA	TE NATURE OF I	NOTICE, REP	ORT, OR OTH	IER DATA	
		BOX(EG) TO INDION					
TYPE OF SUBM	MISSION			PE OF ACTION			
Notice of Inten	t	X Acidize	Deepen	X Production	(Start/Resume)	Water Shut-Off	
		Alter Casing	Fracture Treat	Reclamatio	on [	Well Integrity	
X Subsequent Re	port	片 ři	New Construction	Recomplet	آ م	X Other INITIAL	
		Casing Repair	=======================================		ly Abandon		
Final Abandon	ment Notice	Change Plans	Plug and Abandon			COMPLETION	
_		Convert to Injection	Plug Back	Water Dist	posal		
following completion of testing has been completed that the final smarrhalm MARATHON OIL COMP  8/4/00 MIRU PU, Modern Completed the final smarrhalm of the final smarrhalm for the final smarrhalm for the final smarrhalm for the final smarrhalm for the filling has been completed to the filling has been completed	the involved operations. It and involved operations. It also be in a completed the complete completed the complete comple	the horizontary, give subsulfer formed or provide the Bond of the operation results in a motorices shall be filed only affection.)  is well as follows  t, DCs & tbg. Drit & DCs. RU Baker  2, 7808-7790, 7776  w/7" RBP w/ball compared and a 4000 gared a 22,000  7522-7620 w/75 gpf  Set RBP @ 8290' & Elient. POOH & RIH with a condition of the second and a second and a second a land hange	lled out cmt & & perf 7" csg .60, & 7712-768 atcher & 7" RTT ls slick water. O gals gelled w @ 2' increment RTTS @ 7970'. w/ESP submersibr in wellhead.	DV tool @ 62 w/4" port gu 8. 4 SPF @ S. Set RBP @ PUH & set rater in 10 s s for a tota RU swab & su le pump equ ND BOP and	219'. Tagge uns. 2 SPF 7620-08, 76 8300' and RBP & 7970' stages. POC al of 5700 gwab well, reipment on 2-turn well of	ed FC @ 8473' & @ 8256-22, 600-7574, RTTS @ 7970'. ' & RTTS @ 7660'. DH w/RTTS & RIH gals. 15% HClecovering 158-7/8", L-80 tbg.	
			SEP 9	<del>0 2000 +</del>			
14. I hereby certify that the for Name (Printed/Typed)	egoing is true and correct	0. 1	Title				
Ginny Larke	Denny J	arke	Engine	er Technidi	ar		
	0	Į.	_Date9/12/00	M.			
	THIS	S SPACE FOR FEDER	AL OR STATE OF	FICE USE			
Approved by			Title		Da	ate	
Conditions of approval, if any certify that the applicant holds which would entitle the applica	i legal or equitable title to	those rights in the subject	nt or Office ease				
	10011000	1212	any passan knawingly	and willfully to m	ake to any denari	tment or agency of the Un	