Form 3160-5 (November 1983) (Formerly 9-331) UNITED STATES SUBMIT IN TRIPLIC (Other Instructions of BUREAU OF LAND MANAGEMENT)		instructions on zel Empires August 31, 1985
(Do not use thi	S 3. IF INDIAN, ALLOTTEE OR TRIBE NAME	
OIL GAS WELL	[X] OTHER	7. UNIT AGREEMENT NAME
Marathon Oi 3. ADDRESS OF OPERATOR		8. FARM OR LEASE NAME Ohio "A" Government
	59, Casper, WY 82602	9. WELL NO.

COCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

San Juan New Mexico Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELT. FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING (Other) Workover REPAIR WELL CHANGE PLANS

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5,555' GL, 5,565' KB

JAN 00 1991

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 17. 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.)*

As of this date, pump testing well.

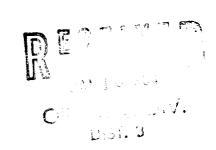
1,570' FSL & 1,660' FWL, Unit K

14. PERMIT NO.

(Other)

16.

30-045-24358



10. FIELD AND POOL, OR WILDCAT <u>Basin</u> Dakota

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA

Sec. 23, T28N, R11W

12. COUNTY OR PARISH 13. STATE

SIGNED SIGNED	TITLE _	District Operations Manager	January 5, 1984
(This space for Federal of State office use) APPROVED BY	mimi n		JAMATES DES
CONDITIONS OF APPROVAL, IF ANY:	TITLE _		Paningarori nestanoz AREA

*See Instructions on Reverse Side