

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.

5. Lease Serial No.
NM 020499

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on reverse side

7. If Unit or CA/Agreement, Name and/or No.

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
Ohio Govt 22 No. 1

2. Name of Operator
Marathon Oil Company

9. API Well No.
30-045-28343

3a. Address **PO Box 2490** 3b. Phone No. (include area code) **505 / 393-7106**

10. Field and Pool, or Exploratory Area
Basin Fruitland Coad

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
**UL G, 2125' FNL & 1560' FEL
Sec. 22, T-28-N, R-11-W**

11. County or Parish, State
San Juan NM

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 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 recomplate 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 recomplate 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 planning to P & A this well in April 2002.

A MIT was don on September 11, 2001. The well was pressured up to 680 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.

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed) **Kelly Cook** *Kelly Cook* Title **Admin. Assistant**
Date **December 20, 2001** **ACCEPTED FOR RECORD**

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by _____ Title _____ Date **Dec 3 2001**
Office _____

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
 AXTED DISTRICT OFFICE
 1000 RED BRAZOS ROAD
 AXTED NM 87410
 (505) 234-0170 FAX: (505) 234-0170
<http://www1.state.nm.us/oed/District%203%20office.htm>

MECHANICAL INTEGRITY TEST REPORT
 (TA or UIC)

Date of Test 9-11-01 Operator Marathon Oil Co. API # 30-045-20343

Property Name OKIO Government 22 Well # 1 Location: Unit 6 Sec 22 Twn 28 Rge W

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: 11-01-01

Casing Pres. _____
 Bradenhead Pres. _____
 Tubing Pres. _____
 Int. Casing Pres. _____

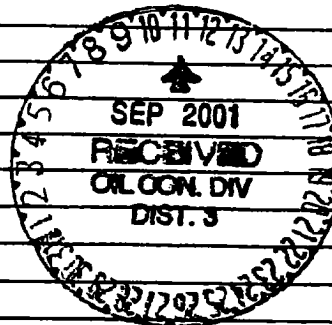
Tbg. SI Pres. _____
 Tbg. Inj. Pres. _____

Max. Inj. Pres. _____

Pressured annulus up to 680 psi. for 30 mins. Test passed/failed

REMARKS:

No pressure drop.

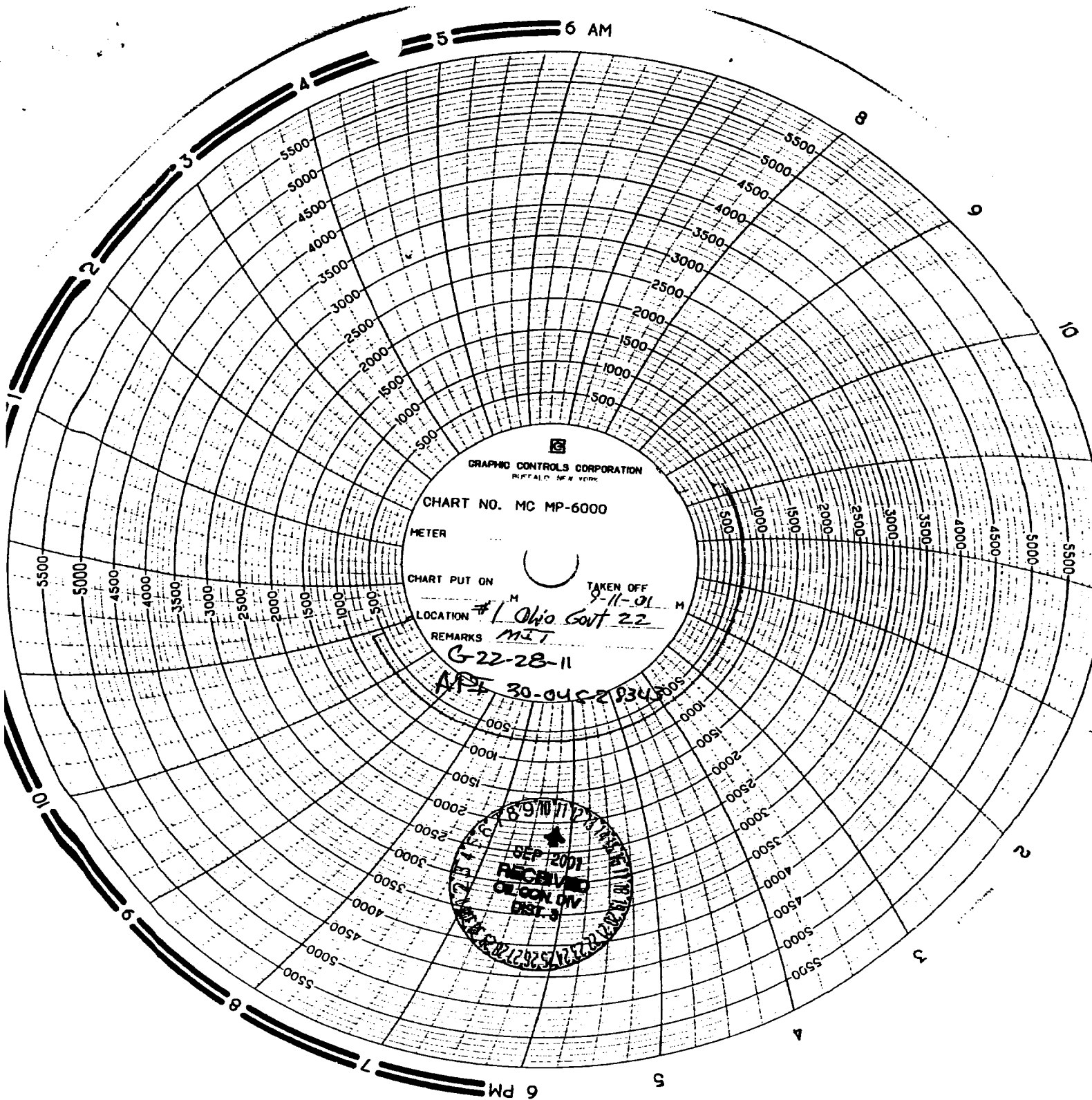


By [Signature]
 (Operator Representative)

Witness [Signature]
 (NMOCD)

Prod. Supervisor
 (Position)

5 6 AM



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

CHART NO. MC MP-6000

METER

CHART PUT ON

TAKEN OFF
9-11-01

LOCATION #1

Ohio Govt 22

REMARKS

MET

G-22-28-11

APR 30-04-21-23-25-27-29-30

SEP 12 2001
 RECEIVED
 OIL CON DIV
 DIST 3

5 6 PM