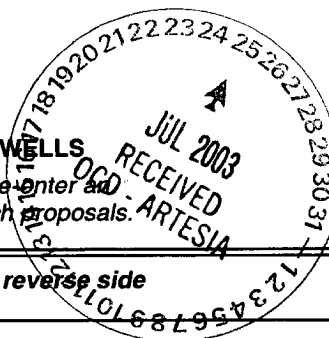


UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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  
☐ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
**Marathon Oil Company**

3a. Address  
**P.O. Box 552 Midland, TX 79702**

3b. Phone No. (include area code)  
**800-351-1417**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**SHL: UL "A", 705' FNL & 855' FEL SECTION 28, T-21-S, R-24-E**  
**BHL: UL "H", 1594' FNL & 726' FEL SECTION 28, T-21-S, R-24-E**

5. Lease Serial No.

**NM06293**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.  
**70964A INDIAN HILLS UNIT**

8. Well Name and No.

**INDIAN HILLS UNIT #49**

9. API Well No.

**30-015-32723**

10. Field and Pool, or Exploratory Area

**INDIAN BASIN UPPER PENN ASSOCIATED**

11. County or Parish, State

**EDDY COUNTY NM**

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

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- |   |   |   |  |
|---|---|---|--|
| <input checked="" type="checkbox"/> Acidize   | <input type="checkbox"/> Deepen           | <input checked="" type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off                  |
| <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Fracture Treat   | <input type="checkbox"/> Reclamation                          | <input type="checkbox"/> Well Integrity                  |
| <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete                           | <input checked="" type="checkbox"/> Other <b>INITIAL</b> |
| <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon                  | <b>COMPLETION</b>  |
| <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.)

Work began on 5/19/03. MIRU PU, NU BOPs and RIH w/bit & csg scraper. Tag @ 8153', RU reverse unit & circulate hole clean. Pickle thg & csg W/1000 gals 15% HCl & circulate out of the hole. RIH & perf from 7526'-7532', 7564'-7577', 7607'-7611', 7633'-7637', 7650'-7664', 7672'-7686', 7697'-7707', 7713'-7731', 7740'-7754', 7766'-7780', 7812'-7816' w/4 jspf, 120 degree phasing. PU 7" PPI packers, spaced out @ 2' and RIH. Dropped valves & PUH acidizing perfs, 7526'-7816', @ 100 gpf for a total of 13,000 gals of 17% OCA sour acid. Avg. break psi - 2202, max break psi - 3800, avg treating psi - 1806, max treating psi - 2300, avg rate 2.1 bpm. POOH & PU RBP. Set, load and test to 500 psi, & POOH w/thg. Made up sub pump & RIH on 2-7/8" thg to RBP. Latched on, equalized & continued in hole w/remaining thg. PU hanger, measured and made final splice. Landed hanger in wellhead, RD PU & NU wellhead. Purged flowline, started pump and turned over to production department 5/24/03.

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

**Ginny Larke**

Title

**Engineer Technician**

Date **7/24/03**

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

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