

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN
(Other Instru
verse side)

RECEIVED BY
MAY 11 1987
O.G.P.D.
ARTESIA OFFICE

Form approved
Budget Bureau No. 1004-
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL

45P

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

| | |
|--|---|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | 7. UNIT AGREEMENT NAME Indian Hills Unit |
| 2. NAME OF OPERATOR Marathon Oil Company | 8. FARM OR LEASE NAME Indian Hills Unit |
| 3. ADDRESS OF OPERATOR P. O. Box 552, Midland, Texas 79702 | 9. WELL NO. 1 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State or Federal Office See also space 17 below.) At surface Unit M, 660 FSL and 660' FWL | 10. FIELD AND POOL OR WILDCAT Indian Basin - Upper Penn |
| 14. PERMIT NO. | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T-21-S, R-24-E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL: 3670' KB: 3681' | 12. COUNTY OR PARISH Eddy |
| | 13. STATE N. Mexico |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | (Other) <input type="checkbox"/> |

(Other) Recomplete in the Morrow X

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.) *

Marathon Oil Company proposes to recomplete the Indian Hills Unit Well No. 1 in the Morrow formation. A copy of the workover procedure and well diagram are attached. This work is scheduled to begin approximately May 4, 1987.



18. I hereby certify that the foregoing is true and correct

SIGNED Eve M. Rung TITLE Engineer DATE April 15, 1987

(This space for Federal or State office use)

APPROVED BY Orig. Sgd. Linda S. C. Rundell TITLE Acting Area Manager DATE 5-7-87

CONDITIONS OF APPROVAL, IF ANY

*See Instructions on Reverse Side