3. Address and Telephone No. P.O. Box 1324 Artesia, NM 88210 (505) 457-2621 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit M; 660' FSL and 660' FWL; Sec 21-T21S-R24E 11. County or Parish, State Eddy County, NM 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent			6/7
SUBMIT IN TRIPLICATE MAR - 5 1992 Indian Hills Unit	(June 1990) DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS		Budget Burean No. 1004-0135 Expires: March 31, 1003 5. Lease Designation and Serial No. NM-07260-F
Columb Case Columb Col	SUBMI	T IN TRIPLICATE	
Marathon Oil Company 3. Address and Telephone No. P. O. Box 1324 Artesia, NM 88210 (505) 457-2621 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit M; 660' FSL and 660' FWL; Sec 21-T21S-R24E 11. County or Parish, State Eddy County, NM 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent	- 0) 0		
3. Address and Telephone No. P.O. BOX 1324 Artesia, NM 88210 (505) 457-2621 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit M; 660' FSL and 660' FWL; Sec 21-T21S-R24E 11. County or Parish, State Eddy County, NM 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Abandonment	2. Name of Operator		Indian Hills Unit #1
Unit M; 660' FSL and 660' FWL; Sec 21-T21S-R24E CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA Type of Submission Type of Action Change of Plans	3. Address and Telephone No.		30015100660000
TYPE OF SUBMISSION Abandonment Change of Plans	4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		Morrow (Indian Basin) 11. County or Parish, State
TYPE OF SUBMISSION X Notice of Intent	12 CHECK APPROPRIATE BOX	(s) TO INDICATE NATURE OF NOTICE. REPOR	T. OR OTHER DATA
Recompletion Plugging Back Casing Repair Final Abandonment Notice Recompletion Plugging Back Casing Repair Water Shut-Off Conversion to Injection Other Mechanical Integrity Dispose Water	TYPE OF SUBMISSION		THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL
Casing Repair Water Shut-Off Altering Casing Other Mechanical Integrity Dispose Water			П
13 Describe Proport of Completion on Well Completion on Recompletion Report and Log form.)		Casing Repair Altering Casing	Water Shut-Off Conversion to Injection i t Dispose Water (Note: Report results of multiple completion on Well

cribe 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.)*

See attachment for procedure

14. I hereby certify the foregoing is true and correct	
Signed Line Winters Title Gang Pusher	Date 2/4/92
Approved by Approval, if any:	Date 3./3/92

Title 18 U.S.C. Section 1001, 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.

*See Instruction on Reverse Side