

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Co. Division

811 S. 1st Street

Artesia, NM 88210-2834

FORM APPROVED
OMB NO. 1004-0135
Expires: November 30, 2000

4512

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)
UL "K", 1650' FSL & 2310' FWL
SECTION 3, T-21-S, R-23-E

5. Lease Serial No.

NM 05608

6. If Indian, Allottee or Tribe Name

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

Unit #8910085080

CA NM SW-242

8. Well Name and No.

North Indian Basin

Unit Gas Com #3

9. API Well No.

30-015-10557

10. Field and Pool, or Exploratory Area
Indian Basin Upper Penn Gas Pool

11. County or Parish, State

Eddy 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 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 <u>Add perfs</u> |
| <input type="checkbox"/> Change Plans | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon | <u>and stimulate</u> |
| <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 7/23/00. MIRU PU, ND wellhead & NU BOP. POOH w/tbg & sub pump. PU overshot, csg scraper, & CCDT bailer. RIH & tag TD @ 7702'. Stroke bailer, made attempt to fish RBP, but had to leave it in the hole. LD bailer, scraper & overshot. Installed 7" PLS packer, PU new tbg & RIH to 7327'. Set packer, opened bypass & RU Halliburton. Broke circ., pickled csg above perfs w/2000 gals 20% FE acid. Circulate clean & RD Halliburton. Released packer & POOH. RU wireline & Perf well 7466'-7500', 7506'-7514', 7520'-7530', 7574'-7594', 7600'-7650' w/4 jspf @ 120 degree phasing. RD wireline, PU PPI packers & RIH to 7425'. Test RFC & moved packer down below perfs. PUH acidizing in 4' spacings @ 75 gpf w/15% FE acid for a total of 10,500 gals.. Avg. rate fo 1.85 bpm @ avg pressure of 1150 psig. Fished valves, RD Halliburton, POOH w/PPI packers and LD. PU and assemble 2 R9 pumps on 116 hp motor. RU spoolers & RIH w/sub pump on 242 jts 2-7/8" tbg. Made final splice, hung well off ND BOP & ND wellhead. RD PU & turned well over to well over to production 7/29/00

ORIG. SGD.) GARY GOURLEY

SEP 08 2000

BLM

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

Name (Printed/Typed)

Ginny Larke

Ginny Larke

Title

Engineer Technician

Date 8/25/00

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