

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a well. Use "APPLICATION FOR PERMIT—" for such proposals.

5. Lease Designation and Serial No.
LC 064391-B

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation

1. Type of Well
 Oil Well Gas Well Other Temporarily Abandoned

Indian Hills Unit

2. Name of Operator
Marathon Oil Company

8. Well Name and No.
Indian Hills Unit #2

3. Address and Telephone No.
P.O. Box 1324, Artesia, NM 88210 (505) 457-2621

9. API Well No.
30015106180000

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit 0; 660' FSL and 1750' FEL; Sec 20-T21S-R23E

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

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
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Mechanical Integrity Test
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

See attachment for procedure

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FEB 10 9 23 AM '92
CARLSON RESOURCE
AREA MANAGERS

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

Signed Tim Winters Title Gang Pusher

Date 2/4/92

(This space for Federal or State office use)

Approved by David A. Glass Title _____

Date 3/2/92

Conditions of approval, if any:

MECHANICAL INTEGRITY TEST PROCEDURE
Indian Hills Unit No. 2
Eddy County, New Mexico

DATE: February 17, 1992

PURPOSE: Run mechanical integrity test. (MIT)

ELEVATION: 3753' DF

TD: 7411'

SURFACE CASING: 13 3/8" set @ 235'.

INTERMEDIATE CASING: 9 5/8" set @ 3050'.

PRODUCTION CASING: 5 1/2" set @ 7372'.

TUBING: 2 3/8" set @ 7374'.

PACKER: TIW set @ 7411'.

SAFETY PRECAUTION: Monitor H₂S at the wellhead while running test.

1. Notify BLM representative, Duncan Whitlock, 48 hours prior to running MIT. (BLM telephone number (505) 887-6544)
2. RU Service Company.
3. Test line and valves to 500 psig.
4. Install pressure gauges with pen records on casing annulus.
5. Fill tubing-casing annulus with 2% KCl water and pressure test to 500 psig.
6. Monitor pressure for 15 minutes.
7. RD Service Company.
8. Send pressure chart to Midland Production office.

TLW/all