

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Div.

Oct. 3, 1997

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 different reservoir.

Use "APPLICATION FOR PERMIT -" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Marathon Oil Company

3. Address and Telephone No.

P.O. Box 552, Midland, TX 79702

915/682-1626

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SHL: 335' FSL & 1880' FEL, U.L.O.

SEC. 33, T-21-S, R-24-E

5. Designation and Serial No.

2834  
NM07260

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

INDIAN HILLS UNIT

8. Well Name and No.

INDIAN HILLS UNIT 11

9. API Well No.

30-015-28749

10. Field and Pool, or exploratory Area

INDIAN BASIN/U.PENN.ASSOC

11. County or Parish, State

EDDY NM

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

TYPE OF SUBMISSION

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

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other PLAN/PROPOSAL  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ 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.)\*

WELL HAD SURFACE CASING SET AND CEMENTED ON 6/1/97. MARATHON PROPOSES TO RESUME DRILLING OPERATIONS TO THE UPPER PENN FORMATION DURING THE THIRD QUARTER OF 1998 AND WILL NOTIFY BLM PRIOR TO ANY ACTIVATION.

APPROVED FOR 12 MONTH PERIOD  
ENDING OCT 31 1998

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

Signed

*David M. Glavin*

Title DRILLING SUPERINTENDENT

Date 11/3/97

(This space for Federal or State office use)

Approved by

DAVID M. GLAVIN

Title

Date

DEC 11 1997

Conditions of approval, if any: