Form 3160-5 (August 1999)

UN...... STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135

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

N.M. Oil Cons. Division Novemb

sundry notices and reports on well \$11 S. 1st Street	
Do not use this form for proposals to drill or to re-enterartesia, NM 882	6 28 Allottee or Tribe Name
abandoned well. Use Form 3160-3 (APD) for such proposals	• =

abandonoa non. eee re-		оп ргоровив.			
SUBMIT IN TRIPLICATE - Other instructions on Geverse side			7. If Unit or CA/Agreement, Name and/or N		
1. Type of Well Oil Well Gas Well X Other 2. Name of Operator Marathon Oil Company 3a. Address P.O. Box 552 Midland, TX 79702 4. Location of Well (Footage, Sec., T., R., M., or Survey. UL "L", 1400' FSL & 800' FWL SECTION 20, T-21-S, R-24-E	Description Post EZZZ		rea code)	DEVONIAN 11. County or EDDY	S SWD #2 O. O. Pool, or Exploratory Area Parish, State NM
12. CHECK APPROPRIATE	BOX(ES) TO INDIC			ORT, OR OTH	IER DATA
TYPE OF SUBMISSION		TY	PE OF ACTION		
Notice of Intent X Subsequent Report Final Abandonment Notice	Acidize Alter Casing Casing Repair Change Plans Convert to Injection	Deepen Fracture Treat New Construction Plug and Abandon Plug Back	Production Reclamatio Recomplet Temporaril Water Disp	e y Abandon	Water Shut-Off Well Integrity Other
Attach the Bond under which the work will be per following completion of the involved operations. I testing has been completed. Final Abandonment I determined that the final site is ready for final insper On 7/9/00, MARATHON OIL COMPANY a MIRU pump company. Acidize well gelled brine, 1000 lbs. block at well up and started injecting imm	if the operation results in a Notices shall be filed only action.) cidized this well in 6 stages using 0.5 ppg, and flush	multiple completion or rufter all requirements, in as follows: a total of 50,12 at	ecompletion in a neluding reclamation 21 gals. CSA S. 2% KCl.	ew interval, a Fo on, have been co 150 acid, RD pump com	orm 3160-4 shall be filed once mpleted, and the operator has 10,891 gals. 10#
Stage Pressure (Avg/Ma 1 993/1812 2 1766/1813 3 1658/1828 4 1183/1419 5 782/939 6 Flush 850/1200 ISIP 30 psi.		te - BPM (Avg/Max 27.2/42.5 42.9/42.9 50.8/58.4 55.7/58.3 Fo 55.4/58.2 43 / 46 D.) GARY GOUF	ACCES	0# block @ EP 0 3 2	0.5 ppg
14. I hereby certify that the foregoing is true and correct Name (Printed Typed) Ginny Larke	Larke		er Technicia	n	
		Date 8/21/00	7.0F.115=		
	SPACE FOR FEDER		ICE USE	1.	
Approved by		Title		Da	te
Conditions of approval, if any, are attached. Approval of certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations the	those rights in the subject	nt or Office lease	· · · · · · · · · · · · · · · · · · ·		