

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

C/SI-

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)
**Surface: Lot #7, 2706' FNL, 1420' FEL,
Bottom Hole: UL "J", 1837' FSL, 2309' FEL,
Section 33, T-21-S, R-24-E**

5. Lease Serial No.

NM 07260

6. If Indian, Allottee or Tribe Name

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

NM 70964

8. Well Name and No.

Indian Hills Unit #29

9. API Well No.

30-015-31502

10. Field and Pool, or Exploratory Area
**Indian Basin Upper Penn
Associated 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 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 Initial |
| <input type="checkbox"/> Change Plans | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon | Completion |
| <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 recompleate 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 recompletion 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.)

This work commenced 3/1/01. MIRU PU, NU BOP, RIH w/3-1/2" tbg. Tag PBTD @ 8591' KB. POOH w/tbg, RU Baker and perf 9-5/8" casing from 8082'-8222' w/5 jspf @ 60 degree phasing using 4-1/2" TAG 5000-382 guns. RD Baker. RU Baker, Perf casing from 7930'-7950', 7962'-7982', 8022'-8082' w/5 jspf @ 60 degree phasing. RD Baker & RIH w/PPI tools. RU Halliburton and acidized all perfs w/100 gpf 15% CCA sour acid, for a total of 24,500 gals. using 3' spacing. Max breakdown-3105 psi, Min breakdown-885 psi, Avg-1251. Max treating pressure-1600 psi, Min treating-800 psi, Avg-1071 psi. Max rate 2.4 bpm, Min rate 1.2 bpm, Avg rate 1.7 bpm. RU swab & recovered 182 bbls fluid. RIH w/tbg open ended, land tbg hanger, set packer and left well flowing on 3/17/01. On 4/5/01 moved equipment back to location. RU PU, ND wellhead & NU BOPs. POOH w/tbg, PU RBP & RIH to 4422', set and test RBP. PU & assemble pump, RU spoolers & RIH w/pump & 2 CT strings. Made final splice and landed hanger in wellhead. ND BOP & NU wellhead. Connected pump to drive and started unit on 4/12/01. Turned well over to production.

(ORIG. SGD.) GARY GOURLEY

MAY 02 2001

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Ginny Larke

Title

Engineer Technician

Date **4/27/01**

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

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, 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.

