BUREAU OF LA SUNDRY NOTICES Do not use this form for abandoned well. Use Forr SUBMIT IN TRIPLICATE - O 1. Type of Well Oil Well X Gas Well 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 I Surface: UL "M", 429' FSL & 326' F	n 3160-3 (APD) for suc Other instructions on 3b. Description) WL, Section 21, T-2	WELLS e-enter an h proposals. reverse side RECEIVED OCD - ARTES Phone Ma (include area cod 800-351-1417 C b2 EZ ZZ 21-S, R-24-E		Distrates: November 30, 2000 OLAVONUE M 022010 6. If Indian, Allottee or Tribe Name 7. If Unit or CA/Agreement, Name and/or No. M 70964A 8. Well Name and No. Condian Hills Unit #33 9. API Well No. 30-015-31755 10. Field and Pool, or Exploratory Area Condian Basin Upper Perm Associated Pool
Bottam Hole: UL "K", 1489' FSL & 1519 FWL, Section 21		1, T-21-S, R-2 4-E		11. County or Parish, State
12. CHECK APPROPRIATE	BOX(ES) TO INDICA	TE NATURE OF NOTI		
TYPE OF SUBMISSION	TYPE OF ACTION			
Image: Interior solution of the second se	blete horizontally, give subsu- formed or provide the Bond f the operation results in a n Notices shall be filed only af ction.) I NU BOPS. POOH w/ 7'-7697' w/5 spf. mts for a total of OOH w/PPI packers	Deepen Fracture Treat Fracture Treat Fracture Treat Plug and Abandon Plug Back rflace locations and measured at No. on file with BLM/BIA. nultiple completion or recomp ter all requirements, including tbg, pump and RBP. POOH & RIH w/PPI pu 16,000 gals. Avg f and RIH w/RBP, sub p	Production (S Reclamation Recomplete Temporarily Water Dispose e of any propand true vertice Required sub letion in a new greclamation, RIH and ackers. treating pump and Turned FOR REC 5 2002	sal osed work and approximate duration thereof. cal depths of all pertinent markers and zones. osequent reports shall be filed within 30 days w interval, a Form 3160-4 shall be filed once , have been completed, and the operator has perf 7520'-7560', Acidized new perfs w/100 pressure - 2300 psi, Avg tbg. Set RBP @ 8461', well over to production
14. I hereby certify that the foregoing is true and correct, Name (Printed/Typed)	Title Barringer I	laahad	-	
Ginny Larke Linny Larke		Date 1/30/02		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE				
Approv Conditic certify tl which w Title 18 States a	loes not warra in the subject s it a crime for	Title nt or lease Office		Date to any department or agency of the United

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