

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTOil Cons.  
N.M. DIV-Dist. 2  
1301 W. Grand Avenue  
Artesia, NM 88210FORM APPROVED  
OMB NO. 1004-0135  
Expires: November 30, 2000

## 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)

SHL - UL "M", 429' FSL &amp; 506' FWL, SECTION 21, T-21-S, R-24-E

BHL - UL "K", 1708' FSL &amp; 1608' FWL, SECTION 21, T-21-S, R-24-E

## 5. Lease Serial No.

NM07260

## 6. If Indian, Allottee or Tribe Name

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

INDIAN HILLS UNIT

70964A

## 8. Well Name and No.

INDIAN HILLS UNIT #36

## 9. API Well No.

30-015-32140

## 10. Field and Pool, or Exploratory Area

INDIAN BASIN UPPER PENN  
ASSOCIATED GAS POOL

## 11. County or Parish, State

EDDY COUNTY 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 checked="" 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 <u>ADD PAY</u> |
| <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon       |  |
| <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 recomplete 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.)

6/13/03 - MIRU PU, ND wellhead & NU BOP. RU spoolers and POOH w/tbg & sub pump. RIH & perfed @ 7512-7552, 7558-7592, 7606-7610, 7616-7626, 7642-7672, 7683-7691 @ 4 JSPP. POOH & RIH w/PPI tools. Acidized 7708'-7942' w/17% CCA sour @ 50 gpf for a total of 11,700 gals. Max breakdown psi-3169, avg. breakdown psi-2416, avg. treating psi-1876. Fished valves and PUH. Set PPI packers acidized new perfs 7512-7691 w/100 gpf for a total of 17,900 gals. Avg. breakdown psi - 2281, Avg treating psi - 1859. POOH & fished valves. RIH w/RBP to 3645', set load & test. POOH w/kill string, RIH w/sub pump and gas auger on 3-1/2" tubing. Made final splice and landed hanger. ND BOPs & NU wellhead. Started sub pump and turned well over to production department 6/20/03.

ACCEPTED FOR RECORD

JUL 14 2003

ALEXIS C. SWOBODA  
PETROLEUM ENGINEER

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

Ginny Larke

*Ginny Larke*

Title

Engineer Technician

Date 7/7/03

## 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