Form 3160-5 (August 1999)

UNITED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED OMB NO. 1004-0135 **BUREAU OF LAND MANAGEMENT**

Expires: November 30, 2000

5. Lease	Seria	l No.	

LC 064391-B

SUNDRY NOTICES AND REPORTS ON WELL

If Indian, Allottee or Tribe Name

abandoned well. Use Form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other instructions on reverse side			7. If Unit or CA/Agreement, Name and/or No INDIAN HILLS UNIT	
Oil Well X Gas Well Other				8. Well Name and No.
2. Name of Operator			7	INDIAN HILLS UNIT GAS COM #
Marathon Oil Company				9. API Well No.
3a. Address		3b. Phone No. (include ar	rea code)	30-015-32770
P.O. Box 552 Midland, TX 79702 4. Location of Well (Footage, Sec., T., R., M., or Survey 1	Description)	800-351-1417	800-351-1417 10. Field and Pool, or Exploratory A	
	-	D 24 5	L	INDIAN BASIN UPPER PENN ASSOCIATED GAS POOL
UL "J", 2333' FSL & 2020' FEL, SECTION 29, T-21-S, R-24-E UL "N", 933' FSL & 2440' FWL, SECTION 29, T-21-S, R-24-E			11. County or Parish, State	
OL 14 7 333 FINE & 2440 FINE / CHICA		. 21 2		EDDY COUNTY NM
12. CHECK APPROPRIATE	BOX(ES) TO IND	ICATE NATURE OF I		
TYPE OF SUBMISSION			PE OF ACTION	
Notice of Intent	Acidize	Deepen	Production ((Start/Resume) Water Shut-Off
	Alter Casing	Fracture Treat	Reclamation	well Integrity
X Subsequent Report	Casing Repair	New Construction	Recomplete	Other
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporarily	y Abandon
riiai Avandoimient Notice	Convert to Injection	n Plug Back	Water Dispo	osal
testing has been completed. Final Abandonment determined that the final site is ready for final inspe As required by ONSHORE ORDER No. methods of water disposal from those of the wells listed under PRI required, water may be sent, via SECONDARY DISPOSAL on the attached	ction.) 7, Marathon Oil nis well. Produc DMARY DISPOSAL or pipeline if avai	Company is notify ed water from thi the attached she	ing you of eas well will bets. If addituded to any	existing and intended be sent, via pipeline to itional capacity is
14. I hereby certify that the foregoing is true and correct Name (Printed Typed)	Ya h	Title		
Ginny Larke Lunny	Junke	Engine	er Technicia	m .
	2	Date 8/18/03		
THI	S SPACE FOR FED	ERAL OR STATE OF	FICE USE	
Approved by		Title		Date
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 to	those rights in the subj			