

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 5 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-101  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

API NO. (assigned by OCD on New Wells)

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL  
WELL ☐

GAS  
WELL ☒

OTHER

SINGLE  
ZONE ☒

MULTIPLE  
ZONE ☐

7. Lease Name or Unit Agreement Name

BERTHA BARBER

2. Name of Operator

Marathon Oil Company

8. Well No.

15

3. Address of Operator

P.O. Box 552 Midland, Tx. 79702

9. Pool name or Wildcat

EUMONT-YATES; 7R; QUEEN

4. Well Location

Unit Letter

LOT 3 : 990

Feet From The NORTH

Line and 1980

Feet From The WEST

Line

Section 5

Township 20S

Range 37E

NMPM LEA

County

10. Proposed Depth

3700'

11. Formation

YATES-SR-QN

12. Rotary or C.T.

ROTARY

13. Elevations (Show whether DF, RT, GR, etc.)

3558'GL

14. Kind & Status Plug Bond

BLANKET-CURRENT

15. Drilling Contractor

UNKNOWN

16. Approx. Date Work will start

6-20-94

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	24#	+/- 1200'	550	SURFACE
7-7/8"	5-1/2"	15#	+/- 3700'	330	TIEBACK - 1000'

PROPOSED BOP EQUIPMENT: SURFACE HOLE - 13-5/8", 3M ANNULAR PREVENTER USED AS DIVERTER. PRODUCTION HOLE - 13-5/8", 3M, DUAL RAM, ANNULAR & CHOKE MANIFOLD. ALL CSG SHALL BE RUN & CMT'D IN ACCORDANCE W/ NMOCD RULE #107. ALL BOP EQUIPMENT SHALL BE INSTALLED & OPERATED IN ACCORDANCE TO NMOCD RULES #109 & #114.

OPER. OGRID NO. 14021

PROPERTY NO. 006366

POOL CODE 76480


EFF. DATE 6-7-94

API NO. 30-025-32532

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE



TITLE

DRLG. SUPT.

DATE

6-02-94

TYPE OR PRINT NAME T. B. ARNOLD

TELEPHONE NO. 915/682-1621

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUN 07 1994

**RECEIVED**

**JUN 11 1984**

**U.S. DEPT. OF JUSTICE  
OFFICE**