

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OIL

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993  
Lease Designation and Serial No.  
064243 066063  
If Indian Allottee or Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well  Gas Well  Other

2. Name of Operator

FASKEN OIL AND RANCH, LTD.

3. Address and Telephone No.

303 West Wall Ave., Suite 1900 - Midland, Texas 79701-5116

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1440' FSL & 1440' FEL  
Lot 2, Unit J, Sec. 17, T21S, R24E

7. If Unit or CA. Agreement Designation

SW-462

8. Well Name and No.

Indian Hills Unit Gas Com

9. API Well No. No.

30-015-20006

10. Field and Pool, or Exploratory Area

Indian Basin (Morrow)

11. County or Parish, State

Eddy County, New Mexico

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

Notice of Intent  
 Subsequent Report  
 Final Abandonment Notice

TYPE OF ACTION

Abandonment  
 Recompletion  
 Plugging Back  
 Casing Repair  
 Altering Casing  
 Other Operator Name Change  
 Change of Plans  
 New Construction  
 Non-Routine Fracturing  
 Water Shut-Off  
 Conversion to Injection  
 Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Changing operator name from BARBARA FASKEN to FASKEN OIL AND RANCH, LTD.  
effective January 1, 1996.

Rider to Federal bond was filed in Santa Fe, New Mexico, in December, 1995.

*J. Davis*

RECEIVED  
JAN 30 11 22 AM '96  
CARI  
AREA  
INS

14. I hereby certify that the foregoing is true and correct

Signed Jimmy W. Davis, Jr.  
(This space for Federal or State office use)

Title Operations Manager

Date January 26, 1996

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, 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.

\*See instruction on Reverse Side

District I  
 PO Box 1980, Hobbs, NM 88241-1980  
 District II  
 50 Drawer DD, Artesia, NM 88211-0719  
 District III  
 1000 Rio Bravo Rd., Aztec, NM 87410  
 District IV  
 PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
 Energy, Minerals & Natural Resources Department

Form C-104  
 Revised February 10, 1994  
 Instructions on back  
 Submit to Appropriate District Office  
 5 Copies

OIL CONSERVATION DIVISION  
 PO Box 2088  
 Santa Fe, NM 87504-2088

95 JAN 4 11 AM '96 AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address FASKEN OIL AND RANCH, LTD. 303 West Wall Avenue, Suite 1900 Midland, TX 79701-5116		OGRID Number 151416
		Reason for Filing Code CH (01/01/96)
API Number 30-015-20006	Pool Name Indian Basin Morrow (Prorated Gas)	Pool Code 78960
Property Code	Property Name Indian Hills Unit/Com. A	Well Number 6

II. Surface Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
J	17	21S	24E		1440	South	1440	East	Eddy

Bottom Hole Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Lea Code F	Producing Method Code F	Gas Connection Date 07-01-69	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
---------------	----------------------------	---------------------------------	---------------------	----------------------	-----------------------

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
015694	Navajo Crude Oil Purchasing Co. P. O. Box 175 Artesia, New Mexico 88210	0960110	O	
151416	Fasken Oil And Ranch, LTD. 303 W. Wall Ave, Suite 1900 Midland, Texas 79701-5116	0960130	G	

IV. Produced Water

POD 0960150	POD ULSTR Location and Description
----------------	------------------------------------

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations

Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure

Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Jimmy W. Davis, Jr.*  
 Printed name: Jimmy W. Davis, Jr.  
 Title: Operations Manager  
 Date: 12/29/95 Phone: (915) 687-1777

OIL CONSERVATION DIVISION  
 Approved by: *Jim W. Brown*  
 Title: District Supervisor  
 Approval Date: 1/4/96

If this is a change of operator fill in the OGRID number and name of the previous operator  
 Jimmy W. Davis, Jr. *Jimmy W. Davis, Jr.* Barbara Fasken - by Jimmy Davis, Jr.  
 Previous Operator Signature Printed Name OGRID #001621 Title Date  
 Operations Mgr-12/29/95

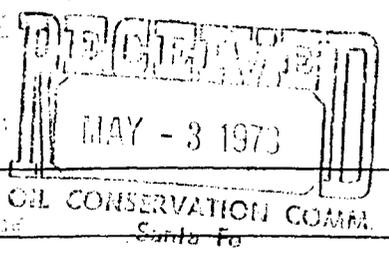
\*\*NOTE: ALL OTHER C104 INFORMATION REMAINS UNCHANGED,

NAME CHANGE ONLY SAME OPERATOR

NO. OF COPIES RECEIVED	6
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TRANSPORTER	OIL 1
	GAS
OPERATOR	3
PRORATION OFFICE	

**NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
Supersedes Old C-104 and C-105  
Effective 1-1-65



Operator **David Fasken**  
Address **608 First Natl. Bank Bldg., Midland, Texas, 79701**

Reason(s) for filing (Check proper box)  
 New Well  Effective 5-1-73  
 Recompletion  Change in Transporter of:  
 Change in Ownership  Oil  Dry Gas   
 Casinghead Gas  Condensate  Other (Please explain) *From Permian Corp.*

If change of ownership give name and address of previous owner

**DESCRIPTION OF WELL AND LEASE**

Lease Name **Indian Hills Unit Gas Comm. "A"** Lease No. **6** Well No. **6** Pool Name, including Formation **Indian-Basin Morrow Gas** Kind of Lease **Federal #OG606 State, Federal or Fee & #06424**  
 Location  
 Unit Letter **J**; **1440** Feet From The **South** Line and **1440** Feet From The **East**  
 Line of Section **17** Township **21-S** Range **24-E**, NMPM, **Eddy** County

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate   
**Navajo Crude Oil Purchasing Co.** Address (Give address to which approved copy of this form is to be sent) **Drawer 175 Artesia, New Mexico 88210**  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
**David Fasken** Address (Give address to which approved copy of this form is to be sent) **608 First Natl. Bank Bldg. Midland, Texas 79701**  
 If well produces oil or liquids, give location of tanks. Unit **H** Sec. **17** Twp. **21** Rge. **24** Is gas actually connected? **Yes** When **7-1-69**

If this production is commingled with that from any other lease or pool, give commingling order number: **CTB-197**

**COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL**

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

**CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
  
**S. L. Parks**  
 (Signature)  
**Agent**  
 (Title)  
**April 27, 1973**

**OIL CONSERVATION COMMISSION**  
 APPROVED **MAY 2 1973**, 19\_\_\_\_  
 BY **W. A. Gussett**  
 TITLE **OIL AND GAS INSPECTOR**

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for all applicable on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of ownership, lease number, or transporter, or other such change of condition.

**STATE LAND OFFICE  
ACTIVE COMMUNITIZATIONS**

7/29/68

Marathon's-INDIAN HILLS COM. WELL NO. 6

APR 17 1968

**COMMUNITIZATION NAME:**

**OPERATOR:**

**DATE APPROVED:**  
**EFFECTIVE:**  
**COUNTY:**

**TOTAL ACREAGE:**

**STATE ACREAGE:**

**DEDICATED TO:**

**INSTITUTION:**

**TERM OF COMMUNITIZATION:**

**WELL LOCATION:**

DAVID FASKEN

July 29, 1968  
July 26, 1968  
Eddy

640.00

200.00

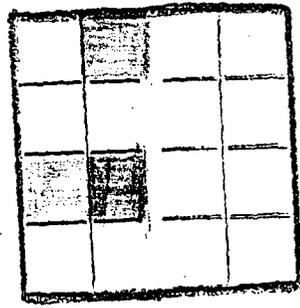
Morrow Formation

Common Schools

1 Yr.

NW/4 SE/4

ALL 17-21S-24E



ACREAGE

LESSEE

LEASE NO.

SUBDIVISION

SEC. TWP. RGE.

17	21S	24E	SE/4NE/4	OG-6063-1	Marathon Oil Co. & Estate of Ralph Lowe	40.00
17	21S	24E	W/2NW/4, SW/4NE/4	E-7437-1	Marathon Oil Co. & Estate of Ralph Lowe	120.00
17	21S	24E	SE/4NW/4	K-2959-1	Max H. Christensen	40.00
17	21S	24E	S/2, N/2NE/4	FEDERAL.....		400.00
17	21S	24E	NE/4NW/4	FEDERAL.....		40.00
						640.00

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	GAS 1
OPERATOR	1
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

MAILED  
 JUN 15 1969  
 8 21

RECEIVED

JUL 10 1969

**I. OPERATOR**

Operator: **DAVID FASKEN, Agent for Marathon Oil Co., Unit Operator** ✓

Address: **608 First National Bank Bldg., Midland, Texas 79701**

Reason(s) for filing (Check proper box):  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name: **Indian Hills Unit Gas Comm "A"** Lease No.: \_\_\_\_\_ Well No.: **6** Pool Name, Including Formation: **Indian Basin-Morrow Gas** Kind of Lease: **Federal #066063**  
 State, Federal or Fee & # **#064243**

Location:  
 Unit Letter **J**, **1440** Feet From The **South** Line and **1440** Feet From The **East**  
 Line of Section **17** Township **21 S** Range **24E**, NMPM, **Eddy** County

066063

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate   
**The Permian Corporation** Address (Give address to which approved copy of this form is to be sent)  
**Box 3119 Midland, Texas 79701**

Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
~~Natural Gas Pipeline Company~~ **DAVID FASKEN** Address (Give address to which approved copy of this form is to be sent)  
~~Box 236 Midland, Texas 608 FNB Bldg~~

If well produces oil or liquids, give location of tanks. Unit **H** Sec. **17** Twp. **21** Rge. **24** Is gas actually connected? **Yes** When **7-1-69**  
~~No deliveries expected to start 7-9-69~~

If this production is commingled with that from any other lease or pool, give commingling order number: **CTB-197**

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Re-spud 8-7-68	10-1-68	10,180	10,095					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4203 Ground	Morrow	9839.	9787					
Perforations	Depth Casing Shoe							
9839-49 (4), 9962-66 (4), 9972-82 (4)	10180							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	616	600 SX
12-1/4	9-5/8	2373	1700 SX
7-7/8	4-1/2	10180	450 SX
	2-3/8 " tbg	9787	on packer

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL**

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

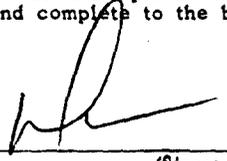
**GAS WELL 9-24-68**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
CAOF 34,000	*	GOR 500,000*	50
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
	Various*	Various*	Various*

**VI. CERTIFICATE OF COMPLIANCE**

\*SEE FORM C-122

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



(Signature)

Agent  
(Title)

7-9-69  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 14 1969**, 19\_\_\_\_  
 BY **W.A. Gressett**  
 TITLE **OIL AND GAS INSPECTOR**

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allowable on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiple.

STATE LAND OFFICE  
ACTIVE COMMUNITIZATIONS

7/29/68

COMMUNITIZATION NAME:

Marathon's-INDIAN HILLS COM. WELL NO. 6

OPERATOR:

DAVID FASKEN

DATE APPROVED:

July 29, 1968

EFFECTIVE:

July 26, 1968

COUNTY:

Eddy

TOTAL ACREAGE:

640.00

STATE ACREAGE:

200.00

DEDICATED TO:

Morrow Formation

INSTITUTION:

Common Schools

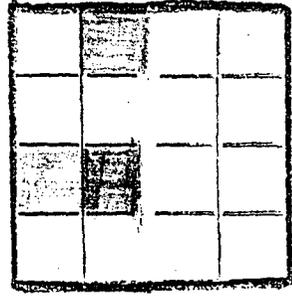
TERM OF COMMUNITIZATION:

1 Yr.

WELL LOCATION:

NW/4 SE/4

ALL 17-21S-24E



<u>SEC.</u>	<u>TWP.</u>	<u>RGE.</u>	<u>SUBDIVISION</u>	<u>LEASE NO.</u>	<u>LESSEE</u>	<u>ACREAGE</u>
17	21S	24E	SE/4NE/4	OG-6063-1	Marathon Oil Co. & Estate of Ralph Lowe	40.00
17	21S	24E	W/2NW/4, SW/4NE/4	E-7437-1	Marathon Oil Co. & Estate of Ralph Lowe	120.00
17	21S	24E	SE/4NW/4	K-2959-1	Max H. Christensen	40.00
17	21S	24E	S/2, N/2NE/4	FEDERAL.....	FEDERAL.....	400.00
17	21S	24E	NE/4NW/4	FEDERAL.....	FEDERAL.....	40.00
						640.00

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LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

MAILED  
 JUL 15 1969  
 AM 8 21

RECEIVED

JUL 10 1969

I. Operator **DAVID FASKEN, Agent for Marathon Oil Co., Unit Operator** ✓

Address **608 First National Bank Bldg., Midland, Texas 79701**

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Indian Hills Unit Gas Comm "A"</b>	Lease No. <b>6</b>	Well No. <b>6</b>	Pool Name, Including Formation <b>Indian Basin-Morrow Gas</b>	Kind of Lease <b>Federal #066063</b>
Location				State, Federal or Fee & # <b>064243</b>
Unit Letter <b>J</b>	<b>1440</b>	Feet From The <b>South</b>	Line and <b>1440</b>	Feet From The <b>East</b>
Line of Section <b>17</b>	Township <b>21 S</b>	Range <b>24E</b>	, NMPM, <b>Eddy</b> County	

066063

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>The Permian Corporation</b>	<b>Box 3119 Midland, Texas 79701</b>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<del>Natural Gas Pipeline Company</del> <b>DAVID FASKEN</b>	<del>Box 236</del> <b>608 FNB Bldg</b> Midland, Texas			
If well produces oil or liquids, give location of tanks.	Unit <b>H</b>	Sec. <b>17</b>	Twp. <b>21</b>	Rge. <b>24</b>
Is gas actually connected? <b>Yes</b> When <b>7-1-69</b> <del>No deliveries expected to start 7-9-69</del>				

If this production is commingled with that from any other lease or pool, give commingling order number: **CTB-197**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
		X	X					
Date Spudded <b>Re-spud 8-7-68</b>	Date Compl. Ready to Prod. <b>10-1-68</b>	Total Depth <b>10,180</b>	P.B.T.D. <b>10,095</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>4203 Ground</b>	Name of Producing Formation <b>Morrow</b>	Top Oil/Gas Pay <b>9839.</b>	Tubing Depth <b>9787</b>					
Perforations <b>9839-49 (4), 9962-66 (4), 9972-82 (4)</b>						Depth Casing Shoe <b>10180</b>		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17-1/2</b>	<b>13-3/8</b>		<b>616</b>		<b>600 SX</b>			
<b>12-1/4</b>	<b>9-5/8</b>		<b>2373</b>		<b>1700 SX</b>			
<b>7-7/8</b>	<b>4-1/2</b>		<b>10180</b>		<b>450 SX</b>			
	<b>2-3/8 " tbg</b>		<b>9787</b>		<b>on packer</b>			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

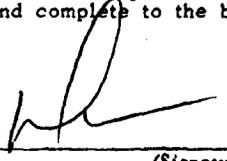
GAS WELL 9-24-68

Actual Prod. Test-MCF/D <b>CAOF 34,000</b>	Length of Test <b>*</b>	Bbls. Condensate/MMCF <b>GOR 500,000*</b>	Gravity of Condensate <b>50</b>
Testing Method (pitot, back pr.)	Tubing Pressure <b>Various*</b>	Casing Pressure <b>Various*</b>	Choke Size <b>Various*</b>

VI. CERTIFICATE OF COMPLIANCE

\*SEE FORM C-122

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



(Signature)

Agent

(Title)

7-9-69

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 14 1969**, 19

BY **W.A. Gressett**

TITLE **OIL AND GAS INSPECTOR**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filed for each pool in multiple

HENRY ENGINEERING  
*Petroleum Engineers*  
807 FIRST NATIONAL BANK BUILDING  
MIDLAND, TEXAS 79701

MAIN OFFICE (417)

well file  
PHONE MUTUAL 3-1893  
make copy so east  
well file will have  
a copy)  
'69 JUL 15 AM 8 21

July 9, 1969

**RECEIVED**

New Mexico Oil Conservation Commission  
P. O. Drawer DD  
Artesia, New Mexico 88210

JUL 11 1969

**O. C. C. C.**  
ARTESIA, N. M. OFFICE

Re: Notice of Connection  
David Fasken  
Indian Hills Unit No. 6  
Sec. 17, T-21-S, R-24-E  
David Fasken  

---

Indian Hills Unit No. 7  
Sec. 17, T-21-S, R-24-E  
Indian Basin Morrow Gas Pool  
Eddy County, New Mexico

16

Gentlemen:

On behalf of our client David Fasken, please be advised that David Fasken as the operator of the above wells and as the first purchaser has connected these wells into his Indian Hills gas gathering system on July 1, 1967.

Yours very truly,

HENRY ENGINEERING

*James B. Henry*  
James B. Henry

JBH:bi

cc: Natural Gas Pipe Line Co.  
Midland, Texas

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

~~064243-1-00-8065~~

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Indian Hills Unit

8. FARM OR LEASE NAME  
Indian Hills Unit Gas  
"Com. "A"

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Undesignated

11. SEC., T., R., M., OR BLOCK AND SURVEY  
OR AREA

17-21S-24E

12. COUNTY OR PARISH

Eddy

13. STATE

N. M.

15. DATE SPUNDED

Re-Spud

8-7-68

16. DATE T.D. REACHED

8-26-68

17. DATE COMPL. (Ready to prod.)

10-1-68

18. ELEVATIONS (DF, REB, RT, OR, ETC.)\*

4203 Ground Level

19. ELEV. CASINGHEAD

4203

20. TOTAL DEPTH, MD & TVD

10,180'

21. PLUG, BACK T.D., MD & TVD

10,095'

22. IF MULTIPLE COMPL., HOW MANY\*

23. INTERVALS DRILLED BY

8070-10,180

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)

Morrow 9839-9982'

25. WAS DIRECTIONAL SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

BHC Sonig-GR, Laterolog

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	ARTESIAN RECORD	AMOUNT PULLED
13-3/8	48	616	17-1/2	600 Sx. Class A	None
9-5/8	36	2373	12-1/4	1700 Sx Lite-Wate & Class A	None
4-1/2	11.6	10,180	7-7/8	450 Sx Incon Class A	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-3/8	9787	9787

31. PERFORATION RECORD (Interval, size and number)

9839-49 4 0.25" Holes per ft.  
9962-66 4 0.25" Holes per ft.  
9972-82 4 0.25" Holes per ft.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
9962-9982	P/41,000 gal jelled brine, 40,000# Sd.
9839-9849	Natural

33.\* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)					
9-5-68	Flow	Shut in					
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
10-1-68					34,000		500,000
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vented

TEST WITNESSED BY

R. H. Angevine

35. LIST OF ATTACHMENTS

N.M.O.C.C. Form C-122

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

*James B. Henry*

TITLE

Agent

DATE

10-8-68

\*(See Instructions and Spaces for Additional Data on Reverse Side)

# INSTRUCTIONS

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 18:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 29:** "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

**Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:  
 SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS, AND ALL DRILL-STEM TESTS, INCLUDING  
 DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES  
 DESCRIPTION, CONTENTS, ETC.

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
Morrow	9745	9802	DST #1 T.O. 2 hrs Gas Vol TSTM ISI-1 hr. PSI 4 hr., IHP 4647, ISIP 2181, IFP 11, FFP 19, PSIP 4058	San Andres	585		
Morrow	9815	9915	DST #2 T.O. 1 hrs flow gas at rate of 7968 MCP/day. ISI 1 hr., PSI 2hrs. IHP 4726, ISIP 3728, IFP 2992, PFP 3631, PSIP 3728	Rene Spring	3050		
Morrow	9955	10,078	DST #3 T.O. 2 hrs flow gas at rate of 1428 MCP/day. ISI 1 hr., PSI 2 hr., IHP 4745 IHP 3747, IFP 425, PFP 1814, PSIP 3728, IHP 4728	Cisco	7940		
				Atoka	8650		
				Morrow	9750		
				Barnett	10,120		

38. GEOLOGIC MARKERS

DEVIATION TESTS

for

DAVID FASKEN [Agent for Marathon Oil Co. Unit Operator]

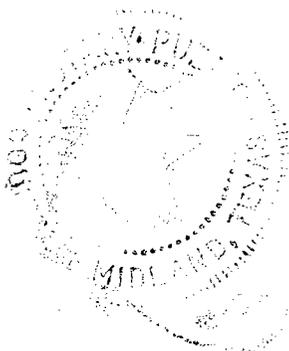
INDIAN HILLS UNIT GAS COM. "A" NO. 6  
Eddy County, New Mexico

DEVIATION (Degrees)	DEPTH (Feet)	DEVIATION (Degrees)	DEPTH (Feet)
1/4	100	1-1/2	4935
1	350	1-1/2	5121
1	620	1	5319
1	625	1	5550
1	920	1-1/2	5780
1	1200	1	5902
1	1480	3/4	6090
3/4	1750	1-1/4	6380
1/4	2060	1-1/2	6650
1	2530	1-3/4	6900
1-1/4	2780	1	6980
1/2	3030	3/4	7275
1/2	3280	1/4	7558
1/2	3460	1	7801
3/4	3700	The preceding from Marathon	
1	3975	3/4	8875
1	4165	1	9500
1/2	4467	1-1/4	9795
1-1/2	4716	1-1/4	10070
1-1/2	4810	1-1/2	10180



Agent

Subscribed and sworn to before me this 8th day of October, 1968.  
Notary Public in and for Midland County, Texas.



*Evelyn E. McKinley*  
Notary

RECEIVED

OCT 15 1968

D. C. C.  
ANTERIA. OFFICE

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

064245-A-03-0055

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)

7. UNIT AGREEMENT NAME

Indian Hills Unit

8. FARM OR LEASE NAME

Indian Hills Unit Gas  
Comp. #A

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Undesignated

11. SEC., T., R., M., OR BLK. AND  
SUBVEY OR AREA

17-21S-24E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
David Pasken, Agent for Marathon Oil Co., Unit Operator

3. ADDRESS OF OPERATOR  
608 First National Bank Bldg. Midland Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface

1440' PSL & 1440' FEL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4203 Ground Level

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Setting of Production Casing

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

1. Drilled to total depth of 10,180'
2. Set 4 1/2" 1160#/ft. J-55 & N-80 casing at 10,180'
3. Cemented 4 1/2" casing with 450 sx Incor Cement with 7.6#/Sx salt, and 1% HALAO-9 cement slurry mixed to 14.8#/gal. to 15.0#/gal. Plug down 3:30 P.M. 8-27-68.
4. Top of cement by temperature survey 8120'

RECEIVED

OCT 15 1968

O. C. C.  
ARTESIA, OFFICE

18. I hereby certify that the foregoing is true and correct

SIGNED

*James B. Henry*

TITLE

Agent

DATE

10-8-68

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED!  
OCT 14 1968  
R. L. EL...  
ACTING CHIEF ENGINEER

\*See Instructions on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

LC 064243-A  
5. LEASE DESIGNATION AND SERIAL NO.  
~~7 064243 & 09 6063~~  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
Indian Hills Unit  
8. FARM OR LEASE NAME  
Indian Hills Unit Gas  
9. WELL NO.  
"COM" A  
6  
10. FIELD AND POOL, OR WILDCAT  
Undesignated  
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA  
17-215-24E  
12. COUNTY OR PARISH  
Eddy  
13. STATE  
New Mexico

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

2. NAME OF OPERATOR  
David Fesken, Agent for Marathon Oil Co., Unit Operator

3. ADDRESS OF OPERATOR  
608 First Natl. Bank Bldg., Midland, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)\*  
At surface  
1440' PSL & 1440' FEL

At proposed prod. zone  
Same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*  
Approximately 20 miles Northwest of Carlsbad, New Mexico

10. DISTANCE FROM PROPOSED\* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)  
1440'

16. NO. OF ACRES IN LEASE  
640

17. NO. OF ACRES ASSIGNED TO THIS WELL  
640

18. DISTANCE FROM PROPOSED LOCATION\* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.  
No other well on this section

19. PROPOSED DEPTH  
10,200

20. ROTARY OR CABLE TOOLS  
Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4203 Ground Level

22. APPROX. DATE WORK WILL START\*  
8-1-68

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17 = 1/2	13-3/8	48	616	600
12 = 1/4	9-5/8	36	2373	1700

The above strings of casing were set by Marathon and left in the hole when the well was plugged and abandoned. Fesken proposes to clean out hole to old T.D. 8070' with 8-3/4" bit and then drill with 7-7/8" bit to 10,200 feet. 4 1/2" casing, if run, will be cemented with 450 sacks.

This unorthodox location for Morrow Zone approved by NMOC Administrative Order # NSL 393 dated February 13, 1967.

RECEIVED

AUG 2 1968

O. C. C.  
ARTESIA OFFICE

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED James B. Harvey TITLE Agent DATE 7-25-68

(This space for Federal or State office use)

PERMIT NO. \_\_\_\_\_ APPROVAL DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**APPROVED**  
AUG 1 1968  
R. L. DEWAMAN  
ACTING DISTRICT MANAGER

THIS APPROVAL IS VALID FOR OPERATIONS  
ARE NOT COMMENCED WITHIN 3 MONTHS.  
EXPIRES NOV 1 1968

DATE \_\_\_\_\_

\*See Instructions On Reverse Side

DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	OIL <input type="checkbox"/>
	GAS <input type="checkbox"/>
OPERATOR	<input type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form C-104  
Supersedes Old C-104 and C-105  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MAY 26 1986  
O. C. D.  
ARTESIA OFFICE

I. Operator Barbara Fasken  
Address 303 West Wall Avenue, Suite 1901 Midland, TX 79701-5116  
Reason(s) for filing (Check proper box)  
New Well  Change in Transporter of:  
Recompletion  Oil  Dry Gas  XXX  
Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner David Fasken, 608 First National Bank Building, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Indian Hills Unit Gas Com A</u>	<u>6</u>	<u>Indian-Basin Morrow</u>	<u>State, Federal or Fee Federal</u>	<u>066063 8</u>
Location				
Unit Letter <u>J</u>	<u>1440</u>	Feet From The <u>South</u>	Line and <u>1440</u>	Feet From The <u>East</u>
Line of Section <u>17</u>	Township <u>21-S</u>	Range <u>24-E</u>	<u>NMPM,</u>	<u>Eddy</u> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Navajo Crude Oil Purchasing Co of America</u>	<u>Box 175, Artesia NM 88210</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Barbara Fasken</u>	<u>303 W Wall, Suite 1901, Midland, TX 79701-5116</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>H</u>	<u>17</u>	<u>21-S</u>	<u>24-E</u>	<u>Yes</u>	<u>7-1-69</u>

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-197

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>(X)</u>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Charles E. Mobley  
Charles E. Mobley (Signature)  
Agent  
(Title)  
5-20-86  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 28 1986  
BY [Signature]  
TITLE SUPERVISOR, DISTRICT #

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multi-

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102  
Supersedes C-128  
Effective 1-1-63

All distances must be from the outer boundaries of the Section.

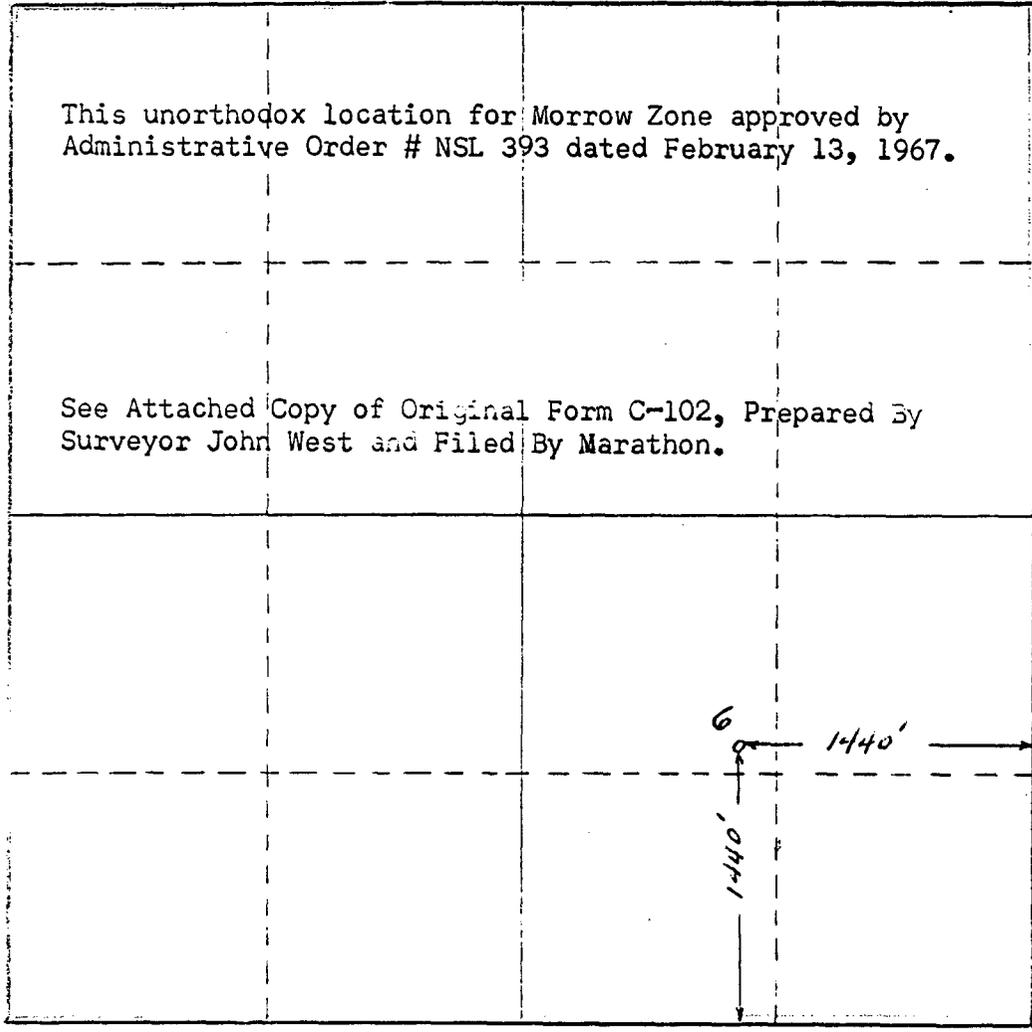
Operator David Fasken, as agent for Marathon Oil Co., Unit Operator			Lease Indian Hills Unit Gas "Com" "A"			Well No. 6
Unit Letter J	Section 17	Township 21 South	Range 24 East	County Eddy		
Actual Footage Location of Well: 1440 feet from the South line and 1440 feet from the East line						
Ground Level Elev. 4203	Producing Formation Morrow		Pool Undesignated	Dedicated Acreage: 640 Acres		

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes  No If answer is "yes," type of consolidation Communitization Agreement

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

*James B. Henry*  
Name James B. Henry

Position  
Agent for

Company  
David Fasken

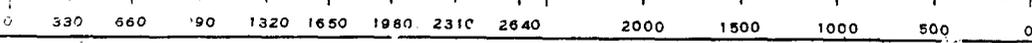
Date  
7-25-68

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Registered Professional Engineer and/or Land Surveyor

Certificate No.



NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102  
Supersedes C-128  
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

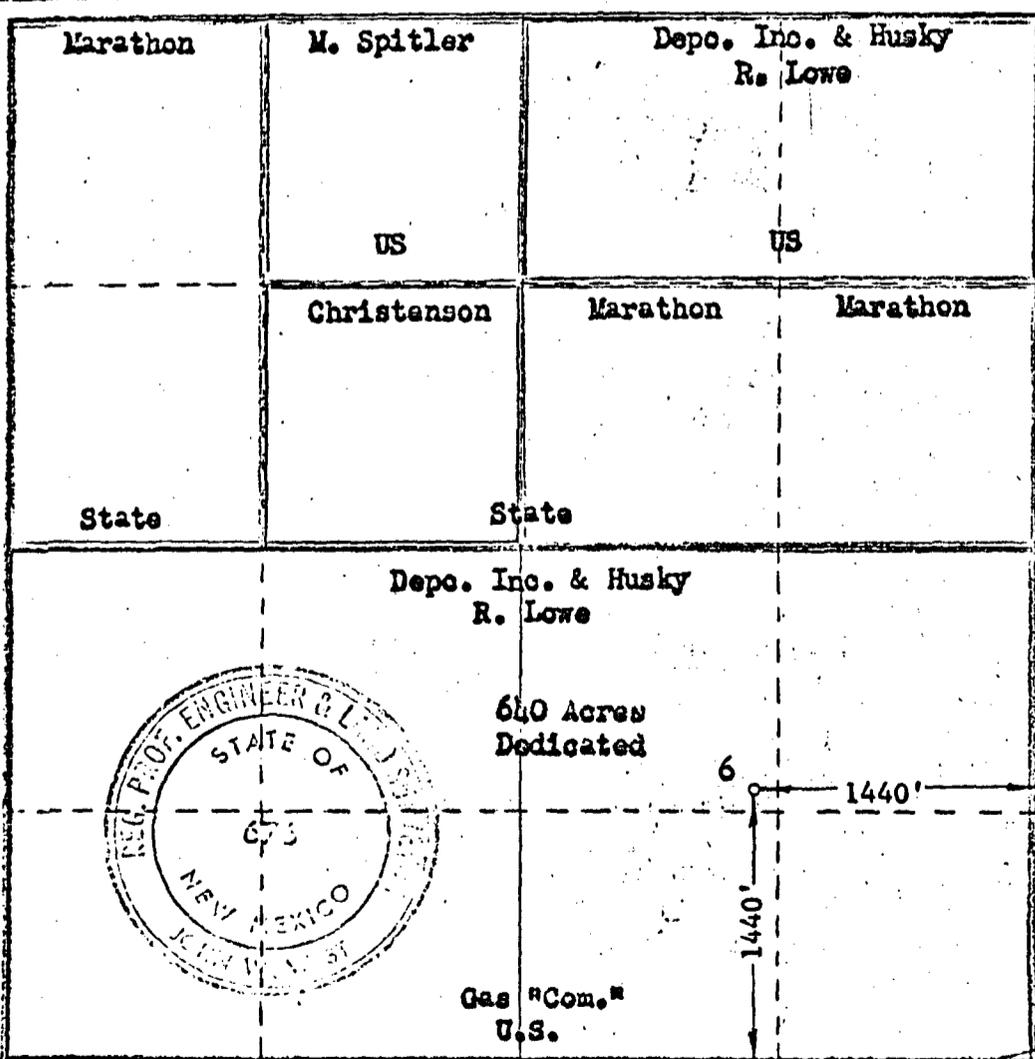
Operator <b>MARATHON OIL COMPANY</b>		Lease <b>INDIAN HILLS UNIT GAS COM A</b>		Well No. <b>6</b>
Unit Letter <b>J</b>	Section <b>17</b>	Township <b>21 SOUTH</b>	Range <b>24 EAST</b>	County <b>EDDY</b>
Actual Wellbore Location of Well: <b>1440</b> feet from the <b>SOUTH</b> line and <b>1440</b> feet from the <b>EAST</b> line				
Ground Level Elev.	Producing Formation <b>UPPER PENN PROSPECT</b>		Well Desig. (IND. BASIN UPPER PENN)	Dedicated Acreage: <b>610</b>

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes     No    If answer is "yes," type of consolidation Communitization Agreement

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

*John R. Barber*  
Name: **J. R. Barber**

Position: **Area Petroleum Engineer**

Company: **Marathon Oil Company**

Date: **1-9-67**

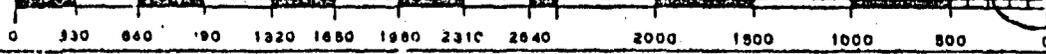
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed: **9/24/66**

Registered Professional Engineer and/or Land Surveyor

*John W. West*

Certificate No. **676**



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.

LC 064243-A

IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

JUN 22 1967

1. OIL WELL  GAS WELL  OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

Marathon Oil Company

U. S. G.  
ARTESIA, OFFICE

8. FARM OR LEASE NAME

Indian Hills Unit Gas "

3. ADDRESS OF OPERATOR

P. O. Box 220, Hobbs, New Mexico

9. WELL NO.

6

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1440' FSL and 1440' FEL

10. FIELD AND POOL, OR WILDCAT

Undesig. (Ind. Basin UP.F

11. SEC., T., R., M., OR BLE, AND SURVEY OR AREA

Sec. 17-21S-24E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4220' KB

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting a proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) \*

Completed hole at 12:30 p.m., 2-17-67. TD 8070'. Finished logging well @ 10:00 a.m. 2-18-67. Laid down drill collars. Went in hole open ended, circ. 3 hrs., spotted following plugs:

50 sacks 7900-8000'  
50 " 7150-7050'  
50 " 5200-5100'  
50 " 3050-2950'  
50 " 2425-2325'

Removed B.O.P., cut off 9-5/8" head, placed 10 sack cement plug at surface.

Well plugged and abandoned 2-19-67.

18. I hereby certify that the foregoing is true and correct

SIGNED

*[Signature]*

TITLE

Area Supt.

(This space for Federal or State office use)

RECEIVED  
FEB 24 1967

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO  
DATE 2-21-67

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

JUN 21 1967

R. L. BECKMAN  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved  
Budget Bureau No. 42-1112

5. LEASE DESIGNATION AND SERIAL NO.

LC 064243-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

---

7. UNIT AGREEMENT NAME

---

8. FARM OR LEASE NAME

Indian Hills Unit Gas

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Undesig. (Ind. Basin Up. P

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 17-21S-24E

SUNDRY NOTICES AND REPORTS ON WELLS  
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Marathon Oil Company

3. ADDRESS OF OPERATOR  
P. O. Box 220, Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface  
1440' FSL and 1440' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4220' KB

12. COUNTY OR PARISH 13. STATE  
Eddy New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Completed hole at 12:30 p.m., 2-17-67. TD 8070. Plan to plug and abandon well as follows:

Set 50 sx. cement plug at 7900-8000'
" " " " " " 7150-7050'
" " " " " " 5200-5100'
" " " " " " 3050-2950'
" " " " " " 2425-2325'

This is in accordance with telephone conversation between Mr. A. A. Peters, Jr. of Marathon Oil Company and Mr. Jim Knauf, of the USGS.

RECEIVED

MAR 7 1967

U. S. G. S.  
ARTESIA - MEXICO

RECEIVED  
APR 4 1967  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED *[Signature]*

TITLE Area Supt.

DATE 3-29-67

50 8 HV 01 MAY 1967 (This space for Federal or State office use)

APPROVED BY *[Signature]* TITLE DATE

TITLE

DATE

APPROVED  
R. L. BECKMAN  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other instructions on reverse side)

Form approved. Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

LC 064243-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Indian Hills Unit Gas "Com"

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Undesig. (Ind. Basin Up. Penn)

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 17-21S-24E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

WELL COMPLETION OR RECOMPLETION REPORT AND LOG\*

1a. TYPE OF WELL: OIL WELL [ ] GAS WELL [ ] DRY [X] Other [ ]

5. TYPE OF COMPLETION: NEW WELL [ ] WORK OVER [ ] DEEP-EN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] Other [ ]

2. NAME OF OPERATOR Marathon Oil Company

APR 5 1967

3. ADDRESS OF OPERATOR P. O. Box 220, Hobbs, New Mexico

O. C. C.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*

At surface 1440' FSL and 1440' FEL

At top prod. interval reported below:

At total depth

14. PERMIT NO. Current DATE ISSUED

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

15. DATE SPUDDED 1-17-67 16. DATE T.D. REACHED 2-17-67 17. DATE COMPL. (Ready to prod.) 18. ELEVATIONS (DF, RSB, RT, GR, ETC.)\* DF 4219 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 8070' 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY\* 23. INTERVALS DRILLED BY all 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\* 25. WAS DIRECTIONAL SURVEY MADE yes

26. TYPE ELECTRIC AND OTHER LOGS RUN Microlog; Borehole Compensated Sonic Log - Gamma Ray; Dual Induction - Laterolog 27. WAS WELL CORED no

Table with 6 columns: CASING SIZE, WEIGHT, LB./FT., DEPTH SET (MD), HOLE SIZE, CEMENTING RECORD, AMOUNT PULLED. Rows include 13-3/8" and 9-5/8" casing sizes.

Table with 8 columns: LINER RECORD (SIZE, TOP (MD), BOTTOM (MD), SACKS CEMENT\*, SCREEN (MD)) and TUBING RECORD (SIZE, DEPTH SET (MD), PACKER SET (MD)).

Table with 2 columns: 31. PERFORATION RECORD (Interval, size and number) and 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. (DEPTH INTERVAL (MD), AMOUNT AND KIND OF MATERIAL USED).

33. PRODUCTION DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) WELL STATUS (Producing or shut in)

Table with 8 columns: DATE OF TEST, HOURS TESTED, CHOKE SIZE, PROD'N. FOR TEST PERIOD, OIL—BBL., GAS—MCF., WATER—BBL., GAS-OIL RATIO. Includes sub-rows for FLOW, TUBING PRESS., CASING PRESSURE, CALCULATED 24-HOUR RATE, OIL—BBL., GAS—MCF., WATER—BBL., OIL GRAVITY-API (CORR.).

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY

35. LIST OF ATTACHMENTS

Microlog; Borehole Comp. Sonic Log - Gamma Ray; Dual Induction - Laterolog ( 2 each)

I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED [Signature] TITLE Area Supt. DATE 3-29-67

\*(See Instructions and Spaces for Additional Data on Reverse Side)

Form approved. Budget Bureau No. 42-R355.5. RECEIVED APR 4 1967 AMERICAN PETROLEUM COMPANY

AFFIDAVIT

COUNTY OFFICE 0000  
APR 7 7 PM 1 28

The undersigned, August A. Peters, Jr., certifies that the deviation surveys listed below, conducted on Marathon Oil Company's Indian Hills Unit Gas "Com" Well No. 6, located in Unit J, Section 17, Twp. 21S, Rge. 24E, Eddy County, New Mexico, are true and correct.

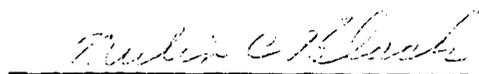
  
August A. Peters, Jr.

**RECEIVED**

STATE OF NEW MEXICO )  
COUNTY OF LEA )

APR 5 1967  
C. C. C.  
ARTESIA, OFFICE

Subscribed and sworn to before me, Merlin C. Black, Notary Public, in and for Lea County, New Mexico on this the 29th day of March, 1967.

  
Merlin C. Black

My Commission expires October 28, 1970.

<u>DEPTH</u>	<u>DEGREES DEVIATION</u>	<u>DEPTH</u>	<u>DEGREES DEVIATION</u>	<u>DEPTH</u>	<u>DEGREES DEVIATION</u>
100	1/4	3280	1/2	5780	1-1/2
350	1	3460	1/2	5902	1
620	1	3700	3/4	6090	3/4
625	1	3975	1	6380	1-1/4
920	1	4165	1	6650	1-1/2
1200	1	4467	1/2	6900	1-3/4
1460	1	4716	1-1/2	6980	1
1750	3/4	4810	1-1/2	7275	3/4
2060	1/4	4935	1-1/2	7558	1/4
2530	1	5121	1-1/2	7801	1
2760	1-1/4	5319	1		
3030	1/2	5550	1		

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APR 4 1967  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

N. M. O. C. C. COPY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1421

5. LEASE DESIGNATION AND SERIAL NO.

LC 064243-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

---

7. UNIT AGREEMENT NAME

---

8. FARM OR LEASE NAME

Indian Hills Unit Gas "

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Undesig. (Ind. Basin Up. Pe

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 17-21S-24E

12. COUNTY OR PARISH | 13. STATE

Eddy

New Mex.

SUNDRY NOTICES AND REPORTS ON WELLS  
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Marathon Oil Company

3. ADDRESS OF OPERATOR  
P. O. Box 220, Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface

1440' FSL and 1440' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

Unknown

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Cementing Interm. casing

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Drilled to 2375' on January 24, 1967. Finished 12-1/4" @ 9:30 a.m. Ran 79 jts. (2370.02' OA) 9-5/8", 36#, 8R, J-55, ST&C, Rge. 2, new casing and set at 2373.00'. Last setting depth includes Baker circ. Flex Flo collar 1.60' and guide shoe 1.20'. Bottom 3 jts. Baker locked. Bottom 200' covered w/cent.; one @ 605' and one @ 580'. Baskets @ 1905'; 1495'; 1015'. Cemented by Halliburton w/1500 sx. Class "A" w/2% CaCl<sub>2</sub>, pumping pressure 1000#, Final 1800#. Circ. 500 sx. to pit. W.O.C. 24 hrs., tested w/2000# for 30 min. Held O.K.

RECEIVED

FEB 6 1967

O. C. C.  
ARTESIA, OFFICE

RECEIVED  
FEB 3 - 1967  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED

*[Signature]*

TITLE

Area Supt.

DATE

2-1-67

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED  
FEB 3  
R. L. BEEKMAN  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 064243-A

6. IF INDIAN, ALLOTTED OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1.

OIL WELL  GAS WELL  OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

Marathon Oil Company

8. FARM OR LEASE NAME

Indian Hills Unit Gas "C"

3. ADDRESS OF OPERATOR

P. O. Box 220, Hobbs, New Mexico

9. WELL NO.

6

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface

1440' FSL and 1440' FEL

10. FIELD AND POOL, OR WILDCAT

Undesig. (Ind. Basin Up. P.)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 17-21S-24E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

Unknown at this time

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexi

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Cementing Surface Casing

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting or proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Spudded at 12:00 noon 1-17-67. Completed 17-1/2" hole on 1-20-67. Ran 20 jts., 13-599.28' OA, 48#, 8R, H-40, ST&C, R-2, new casing and set at 616.37'. Setting depth includes Baker Guide Shoe, 1.69'. Bottom three joints Baker locked. Baskets @ 580' and 150'. Cemented by Halliburton using 400 sxs Class "A" cement w/4% Gel and 2% CaCl<sub>2</sub> w/1/4# Floseal/sack followed w/200 sxs Class "A" cement w/2% CaCl<sub>2</sub> and 1/4# Floseal per sack. Halliburton ran temp. survey. Top of cement @ 150'. Cemented down back side using 150 sxs Class "A" cement, 2% CaCl<sub>2</sub> and 200# cotton seed hulls. Cement circulated. W.O.C. 24 hrs. Tested w/1000# for 30 minutes. Held O.K.

RECEIVED

FEB 3 1967

O. C. C.  
ARTEBIA, OFFICE

RECEIVED  
FEB 1 1967  
U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED

*[Signature]*

TITLE

Area Supt.

DATE

1-25-67

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED  
FEB 2 1967  
R. L. BEEKMAN  
DISTRICT ENGINEER

\*See Instructions on Reverse Side

Dist: CORING; JHH; LHS; File

**NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102  
Supersedes C-128  
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

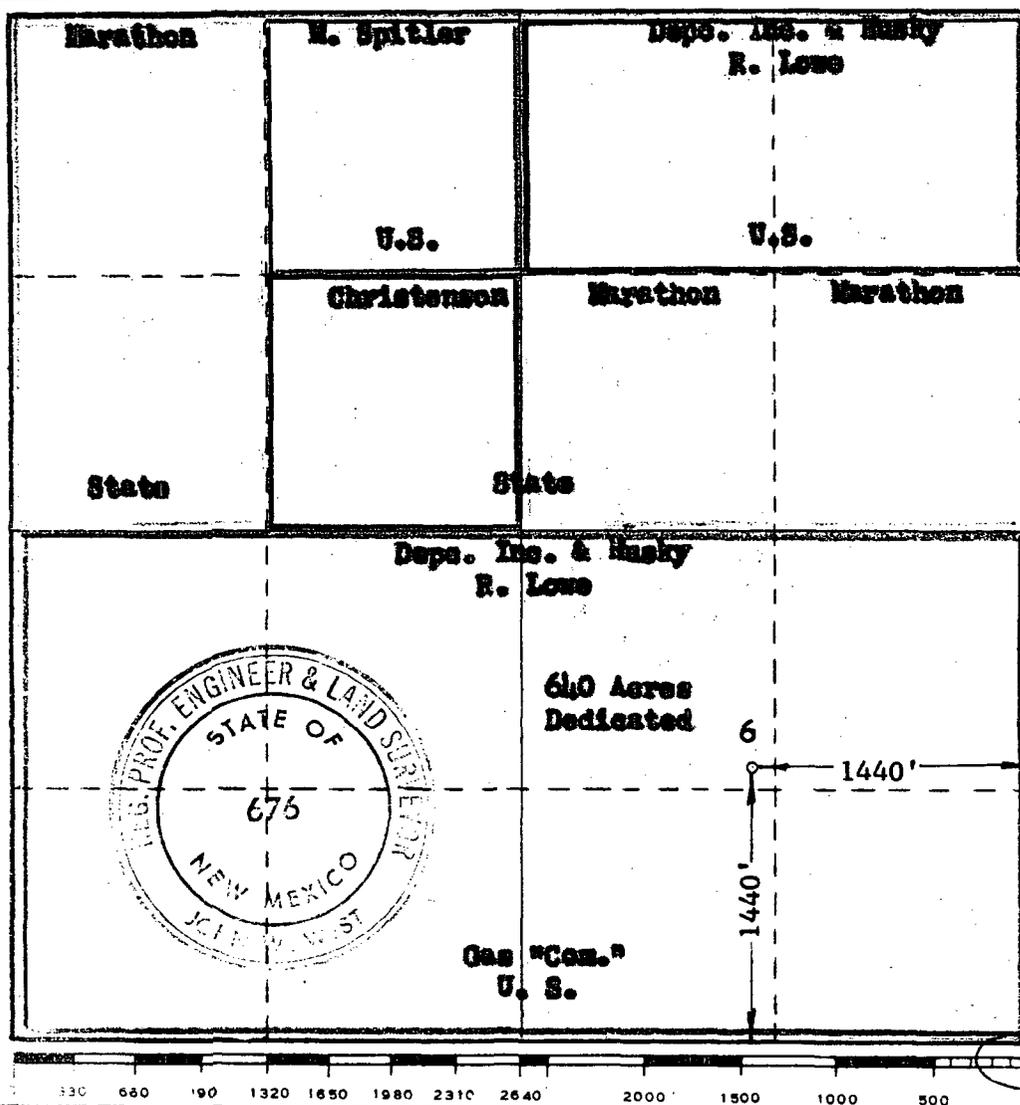
Operator <b>MARATHON OIL COMPANY</b>		Lease <b>INDIAN HILLS UNIT GAS COM</b>		Well No. <b>6</b>
Unit Letter <b>J</b>	Section <b>17</b>	Township <b>21 SOUTH</b>	Range <b>24 EAST</b>	County <b>EDDY</b>
Actual Footage Location of Well: <b>1440</b> feet from the <b>SOUTH</b> line and <b>1440</b> feet from the <b>EAST</b> line				
Ground Level Elev.	Producing Formation <b>UPPER PENN PROSPECT</b>	Pool <b>UNDERSIO. (IND. BASIN UPPER PENN)</b>	Dedicated Acreage: <b>640</b> Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes     No    If answer is "yes," type of consolidation **Communitization Agreement**

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



**CERTIFICATION**

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

*J. R. Barber*

Name **J. R. Barber**

Position **Area Petroleum Engineer**

Company **Marathon Oil Company**

Date **1-9-67**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed **9/24/66**

Registered Professional Engineer and/or Land Surveyor  
*John W West*

Certificate No. **676**

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

30-015-20006

5. LEASE DESIGNATION AND SERIAL NO.

LC 064243-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Indian Hills Unit Gas "Com"

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Undesig. (Ind. Basin Up. Penr

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA

Sec. 17-21S-24E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL

DEEPEN

PLUG BACK

b. TYPE OF WELL

OIL WELL

GAS WELL

OTHER

SINGLE ZONE

MULTIPLE ZONE

2. NAME OF OPERATOR

Marathon Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 220, Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)\*

At surface

1440' FSL and 1440' FEL \*

At proposed prod. zone

same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*

35 miles northwest of Carlsbad, New Mexico

16. DISTANCE FROM PROPOSED\* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drig. line, if any)

16. NO. OF ACRES IN LEASE  
640 Communitized

17. NO. OF ACRES ASSIGNED TO THIS WELL  
640

18. DISTANCE FROM PROPOSED LOCATION\* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH  
7900'

20. ROTARY OR CABLE TOOLS  
Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

22. APPROX. DATE WORK WILL START\*

1-16-67

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17-1/2"	13-3/8"	48#	350'	435 sxs (Circulated)
11"	8-5/8"	32#	2300'	1375 sxs (Circulated)
7-7/8"	5-1/2"	15.5 & 17#	7900'	1200 sxs

\* Unorthodox location approved by New Mexico Oil Conservation

Commission. Case No. 3475, Order No. 3138.

RECEIVED

JAN 16 1967

O. C. C.  
ARTEZIA, OFFICE

RECEIVED  
JAN 13 1967  
U. S. GEOLOGICAL SURVEY  
ARTEZIA, NEW MEXICO

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED John R. Gentry TITLE Acting Area Supt. DATE 1-12-67

(This space for Federal or State office use)

PERMIT NO.

TITLE

DATE

APPROVED BY  
R. L. BEEKMAN  
ACTING DISTRICT ENGINEER

DECLARED WATER BASIN  
DATE 1-3-67  
CEMENT SETTING TIME 5-2  
CASING MUST BE CIRCULATED

NOTIFY USER  
WITNESS CEMENTING THE CASING



EDDY Indian Basin NM Sec. 17-21S-24E  
MARATHON OIL CO., #6 Indian Hills Unit Gas "Com" Page #2

10-67

Cont.

DST 7943-75', open 2 hrs,

CTS 22 mins,

Rec 50' S11 GCM,

30 min ISIP 946#, FP 86-129#,

1 hr FSIP 1890#. HP 3687-3687#.

Drld to 8070'

LOG TOP: Cisco Lm 7942' (-3722')

Sec : 17 Twp : 21S Rng : 24E Section Type : NORMAL

4 41.03  Federal owned C U	3 41.25  Federal owned C U	2 43.63  Federal owned C U A	1 46.49  Federal owned C U
5 41.82  Federal owned C U A	6 42.04  Federal owned C U	7 42.37  Federal owned C U	8 45.23  Federal owned C U

PF01 HELP    PF02    PF03 EXIT    PF04 GoTo    PF05    PF06  
PF07 BKWD    PF08 FWD    PF09 PRINT    PF10 SDIV    PF11    PF12

41.03  
41.82  
        
82.85  
        
83.29  
        
166.14  
  16  
326.14

41.25  
42.04  
        
83.29

86.00  
91.72  
        
177.72  
  16  
337.72

91.72

326.14  
        
663.86

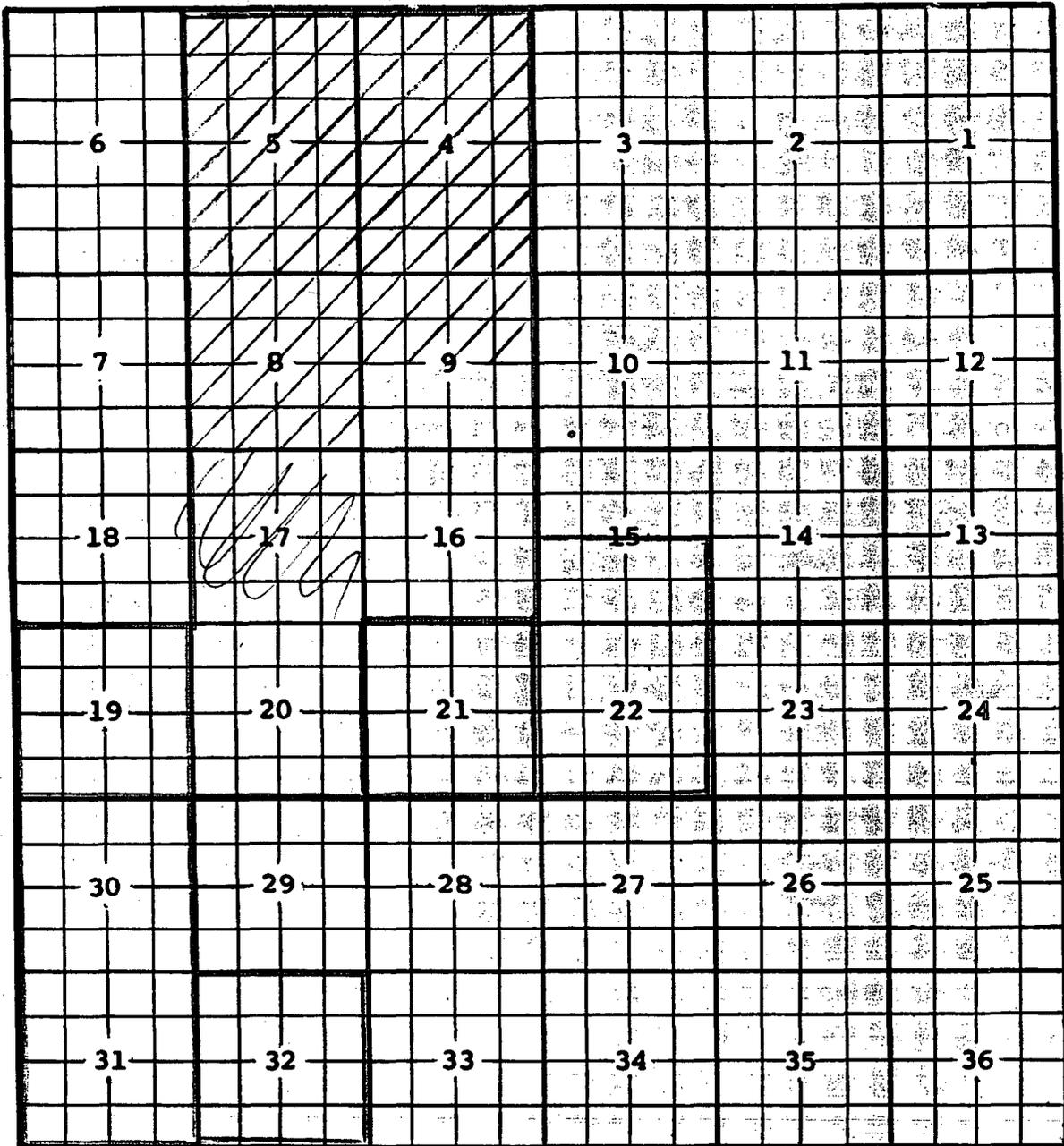
COUNTY *Eddy*

POOL *Indian Basin - Morrow Gas*

TOWNSHIP *21 South*

RANGE *24 East*

NMPM



*Ext: All Sec 19 (R-2726, 7-1-64) - All Sec 30 & 31 (R-2911, 6-1-65)*  
*- All Secs 4, 5, 8, 9, 16, 17, & 20 (R-3752, 6-1-69)*

*Deletion: All Secs 4 & 5 (R-5162, 3-1-76)*

*Deletion: 1/2 Sec 9 (R-5891, 1-1-79) Deletion: All Sec 8 (R-5885, 12-31-78)*

*Ext: All Sec. 32 (R-8391, 1-22-87) EXT: All Sec 21 (R-8969, 8-1-89)*

*Ext: 1/2 Sec. 15, All Sec. 22 (R-9963, 9-20-93)*

Sec : 17 Twp : 21S Rng : 24E Section Type : **NORMAL**

<p>D 40.00 CS E07437 2 09/63 MARALO INC &amp; MARA C U</p>	<p>C 40.00  Federal owned C U</p>	<p>B 40.00  Federal owned C U</p>	<p>A 40.00  Federal owned C U</p>
<p>E 40.00 CS E07437 2 09/63 MARALO INC &amp; MARA C U</p>	<p>F 40.00 CS K02959 1 12/72 MAX H CHRISTENSEN C U</p>	<p>G 40.00 CS E07437 2 09/63 MARALO INC &amp; MARA C U</p>	<p>H 40.00 CS OG6063 2 10/69 MARALO INC &amp; MARA C U</p>

PF01 **HELP**      PF02  
PF07 **BKWD**      PF08 **FWD**      PF03 **EXIT**      PF04 **GoTo**      PF05  
PF09 **PRINT**      PF10 **SDIV**      PF11      PF06  
PF12

CMD :  
OG6C101

ONGARD  
C101-APPLICATION FOR PERMIT TO DRILL

10/09/97 16:43:40  
OGOMES -EME7

OGRID Idn : 151416 API Well No: 30 15 29870 APD Status(A/C/P): A  
Opr Name, Addr: FASKEN OIL & RANCH LTD Aprvl/Cncl Date : 09-23-1997  
303 W WALL  
STE 1900  
MIDLAND, TX 79701-5116

Prop Idn: 18234 INDIAN HILLS UNIT Well No: 15

	U/L	Sec	Township	Range	Lot	Idn	North/South	East/West
Surface Locn :	5	17	21S	24E			FTG 1300 F S	FTG 330 F W
OCD U/L :	M		API County :	15				

Work typ(N/E/D/P/A) : N Well typ(O/G/M/I/S/W/C): G Cable/Rotary (C/R) : R  
Lease typ(F/S/P/N/J/U/I): F Ground Level Elevation : 3894

State Lease No: Multiple Comp (Y/N) : N  
Prpsd Depth : 9700 Prpsd Frmtn : MORROW

**E0009: Enter data to modify record**

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06 CONFIRM
PF07	PF08	PF09 PRINT	PF10 C102	PF11 HISTORY	PF12