

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 748-9720

District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-101
August 1, 2011
Permit 249152

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

1. Operator Name and Address MARATHON OIL PERMIAN LLC 5555 San Felipe St. Houston, TX 77056		2. OGRID Number 372098
4. Property Code 319795		3. API Number 30-015-44815
5. Property Name BLACK RIVER 374 STATE 24 27 15 TB		6. Well No. 006H

7. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
M	15	24S	27E		321	S	797	W	Eddy

8. Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
D	15	24S	27E	D	330	N	495	W	Eddy

9. Pool Information

WILLOW LAKE;BONE SPRING,WEST	96415
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Additional Well Information

11. Work Type New Well	12. Well Type OIL	13. Cable/Rotary	14. Lease Type State	15. Ground Level Elevation 3222
16. Multiple N	17. Proposed Depth 13770	18. Formation Bone Spring	19. Contractor	20. Spud Date 3/14/2018
Depth to Ground water		Distance from nearest fresh water well		Distance to nearest surface water

☒ We will be using a closed-loop system in lieu of lined pits

21. Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surf	17.5	13.375	54.5	500	413	0
Int1	12.25	9.625	36	2300	780	0
Prod	8.75	5.5	20	13770	2461	2000

Casing/Cement Program: Additional Comments

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22. Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
Annular	5000	2500	Schaffer
Double Ram	10000	5000	Schaffer

23. I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify I have complied with 19.15.14.9 (A) NMAC ☒ and/or 19.15.14.9 (B) NMAC ☒ if applicable. Signature: _____ Printed Name: Electronically filed by Melissa Szudera Title: Regulatory Compliance Representative Email Address: mszudera@marathonoil.com Date: 3/1/2018	OIL CONSERVATION DIVISION Approved By: Raymond Podany Title: Geologist Approved Date: 3/16/2018 Expiration Date: 3/16/2020 Conditions of Approval Attached
Phone: 701-260-7272	

1. NAME OF THE COMPANY 2. NAME OF THE PROJECT 3. NAME OF THE CONTRACTOR 4. NAME OF THE ARCHITECT 5. NAME OF THE ENGINEER 6. NAME OF THE SURVEYOR 7. NAME OF THE INSURANCE COMPANY 8. NAME OF THE BANK 9. NAME OF THE CREDIT INSTITUTION 10. NAME OF THE FINANCIAL INSTITUTION 11. NAME OF THE INVESTOR 12. NAME OF THE DEVELOPER 13. NAME OF THE OWNER 14. NAME OF THE LESSEE 15. NAME OF THE RENTER 16. NAME OF THE USER 17. NAME OF THE OCCUPANT 18. NAME OF THE TENANT 19. NAME OF THE CUSTOMER 20. NAME OF THE CLIENT 21. NAME OF THE PATRON 22. NAME OF THE BENEFICIARY 23. NAME OF THE DONOR 24. NAME OF THE GIVER 25. NAME OF THE PROVIDER 26. NAME OF THE SUPPLIER 27. NAME OF THE VENDOR 28. NAME OF THE CONTRACTOR 29. NAME OF THE SUBCONTRACTOR 30. NAME OF THE AGENT 31. NAME OF THE BROKER 32. NAME OF THE MIDDLEMAN 33. NAME OF THE INTERMEDIARY 34. NAME OF THE FACILITATOR 35. NAME OF THE COORDINATOR 36. NAME OF THE MANAGER 37. NAME OF THE SUPERVISOR 38. NAME OF THE OFFICER 39. NAME OF THE SPECIAL AGENT 40. NAME OF THE INSPECTOR 41. NAME OF THE AUDITOR 42. NAME OF THE APPRAISER 43. NAME OF THE ASSESSOR 44. NAME OF THE EVALUATOR 45. NAME OF THE ANALYST 46. NAME OF THE RESEARCHER 47. NAME OF THE STUDENT 48. NAME OF THE SCHOLAR 49. NAME OF THE ACADEMIC 50. NAME OF THE PROFESSOR 51. NAME OF THE DOCTOR 52. NAME OF THE M.D. 53. NAME OF THE DR. 54. NAME OF THE NURSE 55. NAME OF THE PHARMACEUTICIAN 56. NAME OF THE VETERINARIAN 57. NAME OF THE ENGINEER 58. NAME OF THE ARCHITECT 59. NAME OF THE SURVEYOR 60. NAME OF THE INSURANCE COMPANY 61. NAME OF THE BANK 62. NAME OF THE CREDIT INSTITUTION 63. NAME OF THE FINANCIAL INSTITUTION 64. NAME OF THE INVESTOR 65. NAME OF THE DEVELOPER 66. NAME OF THE OWNER 67. NAME OF THE LESSEE 68. NAME OF THE RENTER 69. NAME OF THE USER 70. NAME OF THE OCCUPANT 71. NAME OF THE TENANT 72. NAME OF THE CUSTOMER 73. NAME OF THE CLIENT 74. NAME OF THE PATRON 75. NAME OF THE BENEFICIARY 76. NAME OF THE DONOR 77. NAME OF THE GIVER 78. NAME OF THE PROVIDER 79. 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Form APD Comments

Permit 249152

PERMIT COMMENTS

Operator Name and Address: MARATHON OIL PERMIAN LLC [372098] 5555 San Felipe St. Houston, TX 77056		API Number: 30-015-44815
		Well: BLACK RIVER 374 STATE 24 27 15 TB #006H
Created By	Comment	Comment Date
acovarrubias	FST is 330' FSL & 495' FWL, 32.21090799, -104.18559857	2/28/2018

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Form APD Conditions

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PERMIT CONDITIONS OF APPROVAL

Operator Name and Address:		API Number:
MARATHON OIL PERMIAN LLC [372098]		30-015-44815
5555 San Felipe St.		Well:
Houston, TX 77056		BLACK RIVER 374 STATE 24 27 15 TB #006H
OCD Reviewer	Condition	
rpodany	Will require a directional survey with the C-104	
rpodany	Cement is required to circulate on both surface and production strings of casing	