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State of New Mexico Energy, Minerals & Natural Resources Department PO Box 1980, Hobbs, NM 88241-1980 District II									Form C- Revised February 10, 1 Instructions on b				
PO Drawer DD, Arte District III 1000 Rio Brazos Rd.,		1-9, 41 4	ar englis	P.(O. E	30x 2088	9 40	and the second second	Subi	nit to A		iate District Of	
District IV PO Box 2088, Santa	net Pidone et 1994	e in the second of the second	erit erite inge-	Santa F	e, N	NM 87504	-2088	en, e			AME	NDED REPO	
I.			T FOR	ALLOWAI	BLE	E AND A	UTHC	RIZA'	TON TO TI	RANSI	PORT	r	
Ма					2	2 OGRID Number							
Marathon 011 Co./Indian Basin P.O. Box 1324							,		014021 3 Reason for Filing Code			vla	
Artesia, NM 88210										Sell 200 Bbis Skim O			
	Number	5 Pool Name							6 Pool Code				
30-015-21669 7 Property Code			SWD DEVONIAN B Property Name							96101 9 Well Number			
16101		MOC SWD					1						
		Location			T = -		T.: -:-:						
UL or lot no. *	Section 7	Township 20-S	Range 25-E	Lot. Idn	res	t from the 1980	1	outh Line	Feet from the 1980	East/W		County EDDY	
ıı I	Bottom	Hole Lo	cation		J					1			
UL or lot no.	Section	Township	Range	Lot. Idn	Fee	t from the	İ	outh Line	Feet from the	East/W		County	
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FEDERAL.		Xisp Tank	1								<u> </u>	25 Expiration Date	
III. Oil and	Gas Ti			- · · · · · · · · · · · · · · · · · · ·									
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00734	Amo	_			2813932 OII		UL"K" Sec 7, T-20-S, R-25-E MOC SWD Disposal Facility						
		t Avenue exas 79336						MOC SWD Disposal Facility					
Committee of the state of the s										DECEMED.			
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Person Pro										OCT 1 6 1995			
									OIL	OIL CON. DIV. DIST. 2			
IV. Produce	d Wate	·				97 		1		ري ارس	lin (S		
23 POD	U WHIE	<u> </u>				POD ULST	R Location	on and De	scription				
V. Well Completion Dat			Ready Date			²⁷ TD 2			28 PBTD				
	,							~ 7810		²⁹ Perforations			
30 Hole Sie			⁵¹ Casing & Tubing Size			32 Depth Set				33 5	33 Sacks Cement		
			·		•					,	··		
VI Wall To-	t Data		····										
VI. Well Test Data 34 Date New Oil 35 Gas Delivery Date			y Date	36 Test Date		37 Test Length		38 Tbg. Pressure		³⁹ Csg. Pressure			
⁴⁰ Choke Size			42 Water			43 Gas			44 AOF		45 Test Method		
I hereby certify the complied with and the he best of my knowledge.	iat the infoi	mation given	onservation above is tru	Division have been and complete to	en o				SERVATION I				
Signature: Printed name:		Approved by: ORIGINAL SIGNED BY TIM W. GUM Title: DISTRICT II SUPERVISOR											
THO	na	M. Y	NEG	by 0		Title:		, 5 16 1 10 6					
Records Processor						Approval Date: OCT 2 5 1995							
10113	195	6"	1/50	3/457/2621									
47 If this is a change				er and name of t	the pro	evious operato	r					BK	
	Previo	us Operator S	ignature			Printe	Name			Title		Date	