| | | | | | c/5r, m, | | | |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------|--|--|--|
| |) | State of New Mex | ico | () | Form C-101 | | | |
| ubmit to Appropriate istrict Office | Energy, 1 | Vinerals and Natural Res | ources Department | | Revised 1-1-89 7 OF | | | |
| nte Lease — 6 copies se Lease — 5 copies | | CONSERVATIO | N DIVISION | ADI NO (assigned by | OCD on New Wells) | | | |
| ISTRICT I O. Box 1980, Hobbe, NM | | P.O. Box 2088 | API NO. (assigned by OCD on New Wells) 30-015-27433 | | | | | |
| ירדאורד זו | Sa | inta Fe, New Mexic | CENED88 | 5. Indicate Type of L | 5. Indicate Type of Lease STATE X FEE | | | |
| D. Drawer DD, Artesia, N | 6. State Oil & Gas L | | | | | | | |
| STRICT III 00 Rio Brazos Rd., Aztec, | E - 10083 | | | | | | | |
| APPLICAT | ION FOR PERMIT T | O DRILL, DEEPEN | PLL PACK | | | | | |
| Type of Work: | nit Agreement Name | | | | | | | |
| DRILL Type of Well: | X RE-ENTER | | | INDIAN HILLS | STATE COMM. | | | |
| OL GAS WELL X | OTHER | SINGLE ZONE | 20NE X |] | | | | |
| Name of Operator | | | | 8. Well No. | 5 | | | |
| Marathon Oil Con | mpany - | | | 9. Pool name or Wil | | | | |
| Address of Operator P.O. Box 552 | Midland, Tx. 7970 | 2 | | SOUTH DAGG | | | | |
| Well Location | | | Line and 660 | EMETARYM Feet From Th | okagu) he WEST Line | | | |
| Unit Letter L | : <u>1980</u> Feet Pr | rom The SOUTH | | | <u></u> | | | |
| Section 36 | Toward | hip 20 – SOUTH Ran | 24 - EAST | NMPM EDDY | County | | | |
| /////////////////////////////////////// | | 10. Proposed Depth | | . Formation | 12. Rotary or C.T. | | | |
| | | | 650' | U. PENN, MORRO | | | | |
| Elevations (Show whether 3637.3" | | 4. Kind & Status Plug. Bond BLANKET/ CURRENT | 15. Drilling Contrac UNKNOWN | tor 16. Ap | proz. Date Work will start 4/1-93 | | | |
| | PR | OPOSED CASING AN | ID CEMENT PRO | GRAM | | | | |
| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT CONDUCTOR - 55 | SETTING DEPTH 40' | I SACKS OF CEM | ENT EST. TOP | | | |
| 20" | 16" 10.75" | 40.5 | 1200' | 1450 | SURFACE | | | |
| 9.875" | 7.625" | 26.4, 29.7 | 9650' | 2650 DV TOOL @ 600 | +/- 1000' | | | |
| DWOUT PREVENTION EVENTER, TO BE F 3000# W PERIODIN CASING WILL BE E TO POSSIBLE H2 | ON EQUIPMENT WILL FUNCTION TESTED. F C FUNCTION TESTS. E RUN AND CEMENTE 25 IN THE UPPER PE 26 ON | MORROW, A HEARING | OWS: SURFACE H 1" 3M DUAL RAM, TH STATE REGULA DE DETECTION & DATE HAS BEEN S | ANNULAR & CHOKE TIONS. SAFETY EQUIPMEN | T WILL BE INSTALLED | | | |
| | | | ne larnes<u>. 4</u> Pre Polyna d | NDERWAY | NL 4MAT | | | |
| IN ABOVE SPACE DES | CRIBE PROPOSED PROC | | | | ZONE AND PROPOSED NEW PRODUCTIV | | | |
| 20NE. GIVE BLOWOUT PREV | VENTER PROGRAM, IP ANY. | | | | | | | |
| I hereby certify that the infor | | the to the best of my knowledge and <u>C.T.P.</u> <u>3</u> [16]93 17 | | RINTENDENT | DATE 3/9-93 | | | |
| | | | | | TELEPHONE NO. 915 682- | | | |
| TYPE OR PRINT NAME CEO | CIL T. PEARCE | | | | | | | |
| (This space for State Use) | | | | | | | | |
| | ak kehler | | me Beal | | DATE5-6-93 | | | |
| | 1 | | | | | | | |
| CONDITIONS OF APPROVAL, | , IF ANY: | | as marks to the | | POIENT | | | |
| PENNING NSL APPR | GLAC LASE # DROER # 1 | 10703 R-9388 | 100 A | en e | BRG THE | | | |
| | | | | | | | | |

Submin to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies State of New Mexico Enc. 7, Minerals and Natural Resources partment

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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 68210

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

DISTRICT III 1000 Rio Brazos Rd., Aztec. NM 87410 WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

| Operator | MARATHON OU | COMPANY | Lease | INDIAN | HILLS | STATE CO | N. | Well No. 5 | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------|-------------|--------|--------|-----------|----------------------------|-----------------------------------------------------------|--|--|--|--|--|
| MARATHON OIL COMPANY | | | | | | | County | - | | | | | |
| Unit Letter | Section | Township | Range | 24 | EAST | | county | EDDY | | | | | |
| Actual Footage Loc | 36 | 20 SOUTH | 1 | 27 | | NMPM | 1 | | | | | | |
| | 0.01 | ITH M | 660 | 1 | | feet from | the WES | line | | | | | |
| Ground Level Elev | | | Pool | | | leet from | che | Dedicated Acreage: | | | | | |
| 3637.3' | | Cemetery Morrow | Sou | th Dag | gger D | raw | | 40/320 Acres | | | | | |
| | | the subject well by colored | | | | | • | | | | | | |
| 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 interest of all owners been consolidated by communitization, unitization, force-pooling, etc.? | | | | | | | | | | | | | |
| Yes No If answer is 'yes' type of consolidation | | | | | | | | | | | | | |
| If answer is "no" list of owners and tract descriptions which have actually been consolidated. (Use reverse side of | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| No allowable will be assigned to the well unit all interests have been consolidated (by communitization, unitization, forced-pooling, otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division. | | | | | | | | | | | | | |
| | ····· | | · · · · · · | 1 | | | | OR CERTIFICATION | | | | | |
| | i | | | Ì | | | I here | by certify the the information | | | | | |
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| | 1 | | | ł | | | best of my kn | nviedge and beilef. | | | | | |
| | l | | | 1 | | | Signature | 1 1 | | | | | |
| | | | | 1 | | | AC. J | -blmen_ | | | | | |
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| | | | | | | | Cecil T | . Pearce | | | | | |
| | | | | + | | | Position | | | | | | |
| | | | | | | | | <u>g</u> Superintendent | | | | | |
| | | | | 1 | | | Company | n Oil Company | | | | | |
| | | | | 1 | | | Date | II OII COMPANY | | | | | |
| | | | | | | | 3-09-93 | | | | | | |
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| | 1 | | | 1 | | | SURVEY | OR CERTIFICATION | | | | | |
| | | | | | | | I hereby certij | ly that the well location shown | | | | | |
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| • | | | | 1 | | | • | n made by me or under my and that the same is true and | | | | | |
| | · | | | 1 | | | correct to t | he best of my knowledge and | | | | | |
| 660' - -♀ | | | | | | | belief. | | | | | | |
| Î | ĺ | | | 1 | | | Date Survey | | | | | | |
| | 1 | | | | | | | RCH 02, 1993 | | | | | |
| | + | | | + | | | Signature & Professiona | | | | | | |
| | | | | | | | l | CARY L. JOAN | | | | | |
| 980 | | | | | | | - // | | | | | | |
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| | 1 | | | 1 | | | Carrie | <u> </u> | | | | | |
| | | | | 1 | | | Certificate | | | | | | |
| | | | | | | | <u> Nj</u> | HONALD J. EIDSON. 3230 | | | | | |
| 0 330 660 | 990 1320 1650 | 1980 2310 2640 2 | 000 150 | 0 10 | 00 5 | စ်စ စ် | ç | 3=17-0353 | | | | | |