|   |                                  |                   | · · · · · · · · · · · · · · · · · · · |                             |
|---|----------------------------------|-------------------|---------------------------------------|-----------------------------|
|   | NEW MEXICO OIL                   | CONSERVAT         | ON COMMISSION                         | FORM C-110                  |
|   | SANTA FE, NEW MEXICO (Rev. 7-60) |                   |                                       |                             |
|   |                                  |                   |                                       |                             |
| OIL   |                                  |                   |                                       |                             |
| AGRATION OFFICE   | O TRANSPOR                       | I UILAMAP/        | 9'00 AM 70'                           |                             |
| FILE THE O  | RIGINAL AND 4 CO                 | OPIES WITH TH     | E APPROPRIATE OFFICE                  | 1                           |
| Company or Operator   |                                  |                   | Lease                                 | Well No.                    |
| MARATHON OIL COMPANY  |                                  |                   | North Indian Basin                    | Unit 1                      |
| Unit Letter Section Township                                | Range                            | 00 F              | County                                |                             |
|   | <u> </u>                         | <u>23-E</u>       | Kind of Lease (State, Fed, Fe         |                             |
| Pool<br>Indian Basin - Morrow Gas                           |                                  |                   | Federa                                |                             |
| If well produces oil or condensate                          | Unit Letter                      | Section           | Township                              | Range                       |
| give location of tanks                                      |                                  | A 11              | dress to which approved copy o        | of this form is to be sent) |
| Authorized transporter of oil 🛄 or condensate 🥅             |                                  | Address (Sive da  | THERE TO MUTCH ADDITIONED CODY C      |                             |
| None  |                                  |                   |                                       |                             |
|   |                                  |                   |                                       |                             |
| ls Gas A  | ctually Connected                |                   | .No <u>X</u>                          |                             |
| Authorized transporter of casing head gas or dry gas        | Date Con-                        | Address (sive add | iress to which approved copy of       | of this form is to be sent) |
|   | nected                           |                   |                                       |                             |
|   |                                  |                   |                                       |                             |
| If gas is not being sold, give reasons and also explain its | present disposition:             |                   |                                       |                             |
|   |                                  |                   |                                       |                             |
| This well is shut in due to ];                              | ack of market                    | for gas in        | this area.                            |                             |
|   |                                  |                   |                                       |                             |
|   |                                  |                   |                                       |                             |
| DEAS  | ON(S) FOR FILING                 | Inlages check n   | roner box)                            |                             |
|   |                                  |                   |                                       | -                           |
| New Well  |                                  |                   | ership                                |                             |
| Change in Transporter (check on<br>Oil                      |                                  | Other (explain b  |                                       |                             |
| Casing head gas . Cor                                       |                                  | Change 11         | n Pool designation.                   | •                           |
|   |                                  |                   |                                       |                             |
|   |                                  |                   | N                                     |                             |
|   |                                  |                   | RECEIN                                |                             |
|   |                                  |                   |                                       |                             |
|   |                                  |                   | AUG 191                               | 964                         |
| Remarks   |                                  |                   | <u> </u>                              |                             |
|   |                                  |                   |                                       | 3.                          |
|   |                                  |                   | ARTESIA, OF                           |                             |
|   |                                  |                   |                                       |                             |
|   |                                  |                   |                                       |                             |
|   |                                  |                   |                                       |                             |
| The undersigned certifies that the Rules and Regula         | ations of the Oil Co             | nservation Com    | ission have been complied             | with.                       |
|   |                                  |                   |                                       |                             |
| Executed this the <u>lith</u>                               | day of                           |                   | <u>, 19_64</u> .                      |                             |
| OIL CONSERVATION COMMISSIO                                  | N                                | By                |                                       |                             |
| Approved by   |                                  | Der               | t male                                | e- I-                       |
| $\sum (1 - \frac{1}{2})$                                    |                                  | Title             | · · · · · · · · · · · · · · · · · · · |                             |
| MA Chrastrong   |                                  |                   | <u>stent Superintende</u>             | nt                          |
| Title   |                                  | Company           |                                       |                             |
| OL AND DAS INSPECTOD  |                                  |                   |                                       |                             |
|   |                                  | Mara<br>Address   | thon Oil Company                      |                             |
|   |                                  | Address           |                                       |                             |
| AUG 1 9 1964  |                                  | Bor               | 200 Uabba Naw Na                      | urd an                      |

 $\checkmark$