

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 5 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-101  
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD on New Wells)  
30-015-24941

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.  
483340

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 ☒

7. Lease Name or Unit Agreement Name

MCCORD A

2. Name of Operator

Marathon Oil Company

8. Well No.

1

3. Address of Operator

P.O. Box 552 Midland, Tx. 79702

9. Pool name or Wildcat

BURTON FLAT (STRAWN)

4. Well Location

Unit Letter P : 660 Feet From The SOUTH Line and 560 Feet From The EAST Line

Section 19

Township 21-S

Range 27E

NMPM EDDY

County

10. Proposed Depth

11. Formation

STRAWN

12. Rotary or C.T.

13. Elevations (Show whether DF, RT, GR, etc.)

3147 GL 3168 KB

14. Kind & Status Plug. Bond

BLANKET

15. Drilling Contractor

16. Approx. Date Work will start

UPON APPROVAL

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	13 3/8"	48#	473	525	SURFACE
	8 5/8"		1600	2575	SURFACE
	4 1/2"	11.6 & 13.5	11670	375	10,000

MARATHON OIL COMPANY PROPOSES TO RECOMPLETE THIS WELL TO THE MORROW AS PER THE ATTACHED PROCEDURE.

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. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE Thomas M. Price TITLE ADVANCED ENGINEERING TECH DATE 05-06-93

TYPE OR PRINT NAME THOMAS M. PRICE

TELEPHONE NO. 915-682-162

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT I

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

JUN 29 1993