| | | | NM | il Cons D | ivision | (1) |
|--|--|---|---------------------------------------|---|--|---|
| orm 3160-5 | UNITED STATE | S | | 1st Streetude | t Bureau No. 1004-0135 | |
| une 1990) DE | EPARTMENT OF THE | | | Pro Pro | pires: March 31, 1993 | |
| BU | IREAU OF LAND MAN | IAGEMENT | | NM05608 | NN-15551 | |
| | NOTICES AND REPORT | | | 6. If Indian, | Allottee or Tribe Name | |
| Do not use this form for propo | | | ferent reservo | ir. | | |
| USE APPLIC | ATION FOR PERMIT - " | | · · · · · · · · · · · · · · · · · · · | 7. If Unit or | CA, Agreement Designation | <u>n</u> |
| 1. Type of Well | SUBMIT IN TRIPL | | | | | |
| Cil Gas Other | / | <u> </u> | | 8. Woll Nam NIBU | e and No. | 27 |
| 2. Name of Operator Marathon 011 Company | / | · | | 9. API Well | No. | - <u></u> |
| 3. Address and Telephone No. | | | | -30-0 | 015-289 | <u> </u> |
| P.O. Box 552, Midland, TX 79702 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) | | | | 10. Field and Pool, or exploratory Area S. DAGGER DRAW, U.PENN | | |
| 2340' FSL & 255' FWL | | | | 11. County of | or Parish, State | |
| SEC.11, ⊤-21-S, R-23- | E | | | | EDDY, N.M | 1. |
| 12. CHECK APPROPRI | ATE BOX(s) TO IND | CATE NATURE OF | NOTICE, RE | PORT, OR O | ····· | |
| TYPE OF SUBMISSION | | | TYPE OF A | | | |
| Notice of Intent | | Abandonment | | | Change of Plans | |
| | | Recompletion | | | New Construction | |
| Subsequent Report | | Plugging Back | | | Non-Routine Fracturing Water Shut-Off | |
| Final Abandonment No | Nice | Casing Repair | | | Conversion to Injection | |
| | | | | | - | |
| | | X Other SPL | <u>JD & DRILL</u> | | Dispose Water | |
| | Classic state of antiage data | | | (No. C | ne: Report results of multiple con completion or Recompletion Report | and Log form.) |
| 13. Describe Proposed or Completed Operatio give subsurface locations and me | ons (Clearly state all pertinent deu sasured and true vertical depths for | uls, and give pertinent dates, i | including estimated d | (No. C | ne: Report results of multiple con completion or Recompletion Report | and Log form.) |
| 13. Describe Proposed or Completed Operatio give subsurface locations and me SEE ATTACHED FOR DETA | asured and true vertical depths for | uls, and give pertinent dates, i | including estimated d | (No. C | ne: Report results of multiple con completion or Recompletion Report | and Log form.) |
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