

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

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

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

API NO. (assigned by OCD on New Wells)
30-025-29787

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.
044198

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

BENSON

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

N. KNOWLES

4. Well Location

Unit Letter P : 330 Feet From The SOUTH Line and 990 Feet From The EAST Line

Section 14

Township 16S

Range 38E

NMPM LEA

County

10. Proposed Depth

12,965

11. Formation

CHESTER/WOLFCMP

12. Rotary or C.T.

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

GL:3698 KB:3723.4

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"	54.5	319	430	SURF
	9 5/8"	36 & 40	5,017	2115	SURF
	5 1/2"	17 & 20	13,344	1,800	7,230

MARATHON OIL CO. IS PROPOSING TO TEST THE CHESTER AND WOLFCAMP ZONES IN THIS WELL USING THE PROCEDURE SUMMARIZED BELOW.

MIRU. SET CIBP WITH 5 SK SMT CAP @ 13,000'. PERFORATE CHESTER 12,252-12,260, WITH 2 JSPF. STIMULATE PER SERVICE CO. RECOMMENDATION. SWAB TEST. SET RBP @ 9,990' PERF WOLFCAMP 9,730-43, 9840-48, 9,944-46 WITH 2 JSPF. STIMULATE PER SERCIVE CO. RECOMMENDATION. SWAB TEST WOLFCAMP. POOH WITH RBP. RDMO.

**NOTE: EVALUATION OF SWAB TESTS WILL DETERMINE FUTURE WORK.

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 3-1-93

TYPE OR PRINT NAME THOMAS M. PRICE TELEPHONE NO. 915/682/1621

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAR 04 1993

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAR 02 1993

OCD HOBBS OFFICE