

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

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

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

API NO. (assigned by OCD on New Wells)
30-025-20020

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
874850

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work: DRILL <input type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>		7. Lease Name or Unit Agreement Name WARN STATE A/C 2			
b. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Well No. 10			
2. Name of Operator Marathon Oil Company		9. Pool name or Wildcat VACUUM (DRINKARD)			
3. Address of Operator P.O. Box 552 Midland, Tx. 79702					
4. Well Location Unit Letter K : 1650 Feet From The SOUTH Line and 2233 Feet From The WEST Line Section 6 Township 18-S Range 35-E NMPM LEA County					
10. Proposed Depth 8122'		11. Formation DRINKARD			
12. Rotary or C.T.					
13. Elevations (Show whether DF, RT, GR, etc.) GL: 3978' KB: 3990'		14. Kind & Status Plug. Bond BLANKET CURRENT			
15. Drilling Contractor		16. Approx. Date Work will start DECEMBER 1, 1992			
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#	371'	315	CIRCULATED
	9-5/8"	43.5#	3307'	1540	CIRCULATED
	5-1/2"	15.5# & 17#	8868'	560	8155'

RECOMPLETE TO DRINKARD

- MIRU PU. ND WELLHEAD. INSTALL & TEST BOPS. POOH W/PRODUCTION EQUIPMENT.
- SET CIBP @ 8450'. SQUEEZE CASING LEAK FROM 4561'-4624'. DO CMT & TEST CASING.
- SELECTIVELY PERFORATE DRINKARD @ 7994'-8122'. ACID FRACTURE SAME. SWAB BACK LOAD.
SELECTIVELY PERFORATE DRINKARD @ 7856'-7941'. ACID FRACTURE SAME. SWAB BACK LOAD.
SELECTIVELY PERFORATE DRINKARD @ 7651'-7834'. ACID FRACTURE SAME. SWAB BACK LOAD.
- RIH W/PRODUCTION EQUIPMENT. ND BOPS & INSTALL WELLHEAD. RD PU & MOL.

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 Brent D Lockhart TITLE ADVANCED ENGINEERING TECH DATE 11/3/92
TYPE OR PRINT NAME BRENT D. LOCKHART TELEPHONE NO. 915-682-162

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NOV 10 '92

Submit to Appropriate
District Office
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Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

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P.O. Box 2088

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WELL LOCATION AND ACREAGE DEDICATION PLAT

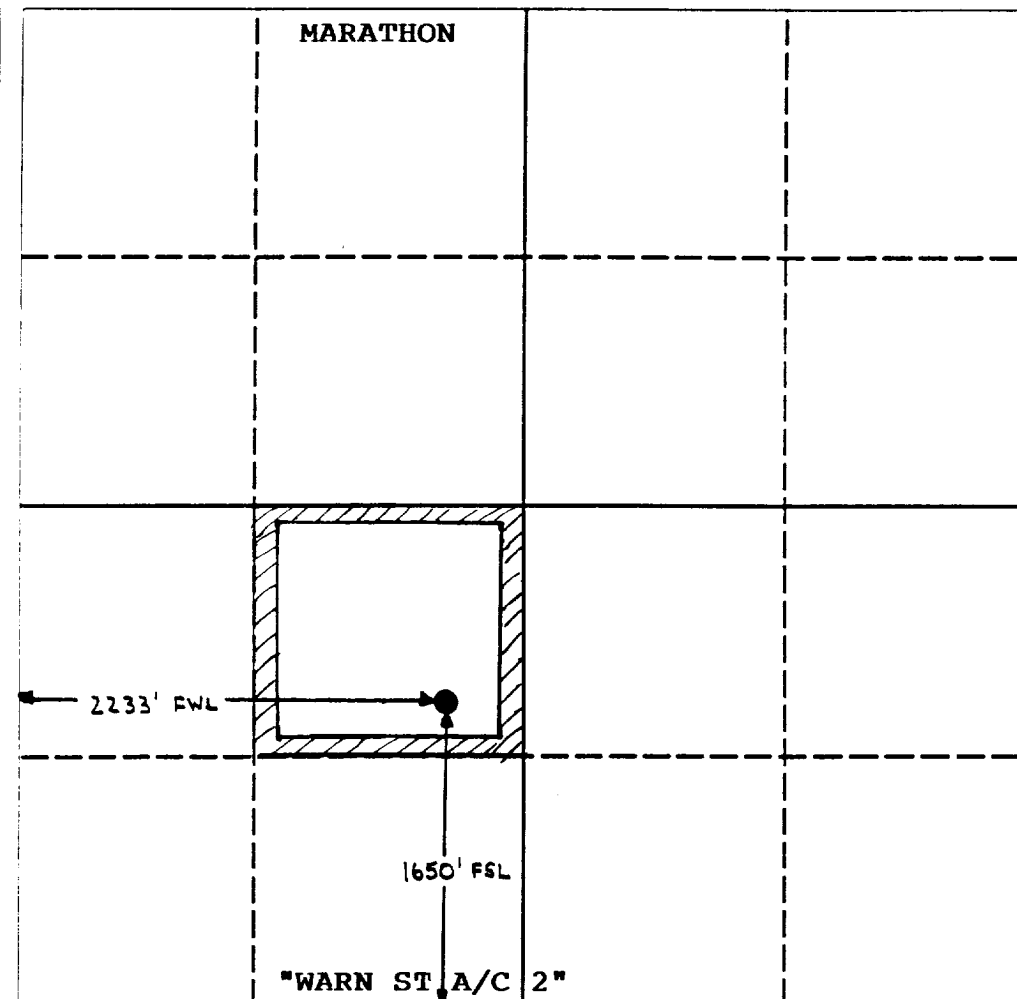
All Distances must be from the outer boundaries of the section

Operator MARATHON OIL COMPANY		Lease WARN STATE AC/2		Well No. 10	
Unit Letter K	Section 6	Township 18-S	Range 35-E	County NMPM LEA	
Actual Footage Location of Well: 1650' feet from the SOUTH line and 2233 feet from the WEST line					
Ground level Elev. 3978'	Producing Formation DRINKARD		Pool VACUUM	Dedicated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
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 the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature

Brent D. Lockhart

Printed Name

BRENT D. LOCKHART

Position

ADVANCED ENG. TECH

Company

MARATHON OIL COMPANY

Date

NOVEMBER 3, 1992

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Signature & Seal of
Professional Surveyor

Certificate No.