

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)
30-025-20031 ✓

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 ☐ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☒

b. Type of Well:

OIL WELL ☒ GAS WELL ☐ OTHER ☐
SINGLE ZONE ☒ MULTIPLE ZONE ☐

2. Name of Operator
Marathon Oil Company

7. Lease Name or Unit Agreement Name
WARN STATE A/C 2

3. Address of Operator
P.O. Box 552 Midland, Tx. 79702

8. Well No.
11

4. Well Location
Unit Letter L : 1650 Feet From The SOUTH Line and 910.5 Feet From The WEST Line

9. Pool name or Wildcat
VACUUM (DRINKARD)

Section 6 Township 18-S Range 35-E NMPM LEA County

10. Proposed Depth

7910'

11. Formation

DRINKARD

12. Rotary or C.T.

13. Elevations (Show whether DF, RT, GR, etc.)
GL: 3981' KB: 3993'

14. Kind & Status Plug. Bond
BLANKET CURRENT

15. Drilling Contractor

16. Approx. Date Work will start
OCTOBER 15, 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#	360'	350	CIRCULATED
	8-5/8"	24# & 32#	3400'	1500	CIRCULATED
	5-1/2"	17#	8797'	1255	745'

RECOMPLETE TO DRINKARD

1. MIRU PU. ND WELLHEAD. INSTALL & TEST BOPS. POOH W/PRODUCTION EQUIPMENT.
2. SET CIBP @ 8450'. SELECTIVELY PERFORATE DRINKARD @ 7816'-7910'. ACID FRACTURE SAME. SWAB BACK LOAD.
3. SELECTIVELY PERFORATE DRINKARD @ 7732'-7790'. ACID FRACTURE SAME. SWAB BACK LOAD.
4. SELECTIVELY PERFORATE DRINKARD @ 7630'-7699'. ACID FRACTURE SAME. SWAB BACK LOAD.
5. ND BOPS & INSTALL WELLHEAD. RD PU & MOL.

AFTER EVALUATION MAY WANT TO COMMINGLE DRINKARD WITH ABO REEF.

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 9/15/92

TYPE OR PRINT NAME BRENT D. LOCKHART

TELEPHONE NO. 915-682-1626

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

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Energy, Minerals and Natural Resources Department

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Santa Fe, New Mexico 87504-2088

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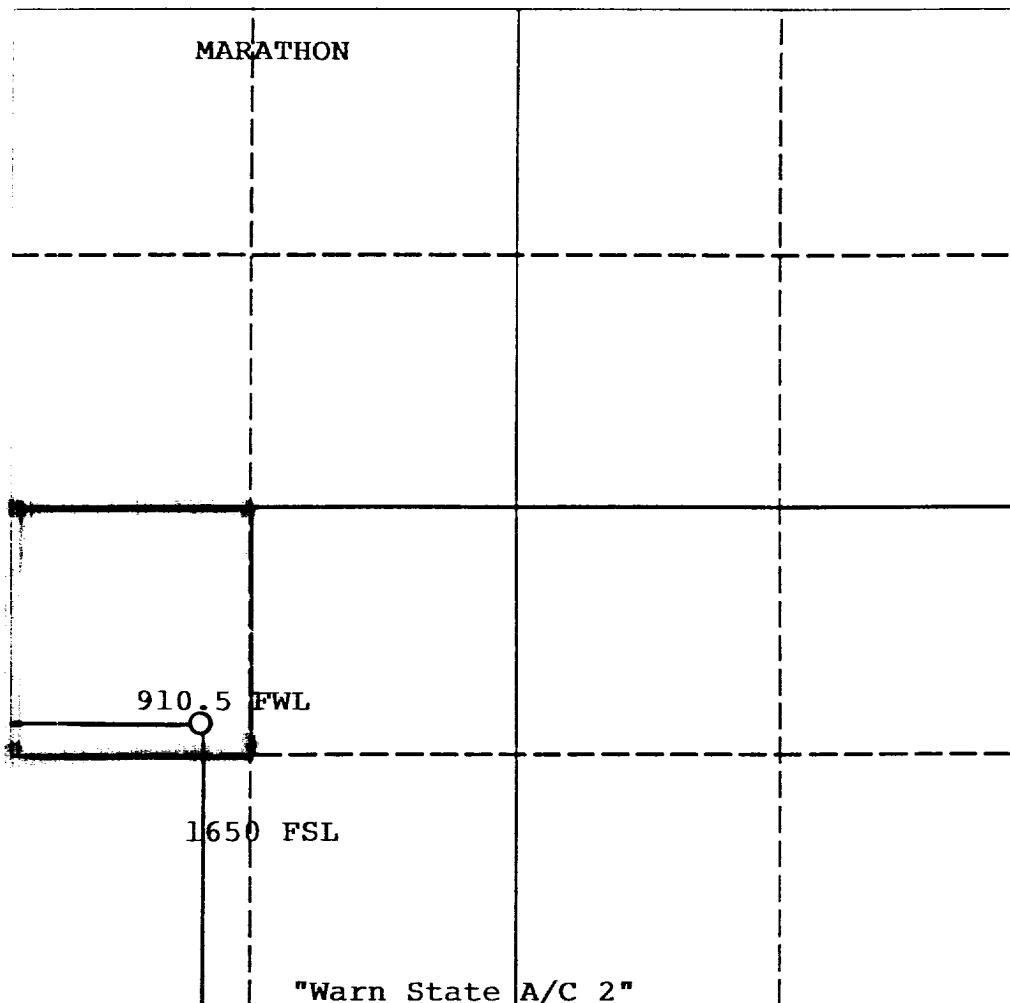
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator Marathon Oil Company			Lease Warn State A/C 2		Well No. 11
Unit Letter L	Section 6	Township 18-S	Range 35-E	County NMPM	Lea
Actual Footage Location of Well: 1650 feet from the South line and 910 feet from the West line					
Ground level Elev. 3981	Producing Formation Drinkard	Pool Vacuum		Dedicated Acreage: 37.57 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure 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.

Brent D. Lockhart
Signature

Brent D. Lockhart
Printed Name

Advanced Eng. Tech
Position

Marathon Oil Company
Company

9/15/92
Date

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.