

30-085-29382

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 14-65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEC <input type="checkbox"/>
5. State Oil & Gas Lease No.	
E-619	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> 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. Form or Lease Name Wainoco E-619 St. A/C B	
2. Name of Operator Marathon Oil Company		9. Well No. 2	
3. Address of Operator P. O. Box 2409, Hobbs, New Mexico, 88240		10. Field and Pool, or Wildcat Vacuum Abo; North	
4. Location of Well UNIT LETTER M LOCATED 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE OF SEC. 2 TWP. 17S RGE. 34E NMPM		12. County Lea	
19. Proposed Depth 9000'		19A. Formation Abo	20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) 4052.6 GR	21A. Kind & Status Plug. Bond Current	21B. Drilling Contractor Unknown	22. Approx. Date Work will start 09-09-85

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2	13 3/8"	48#	±500'	315	Surface
12 1/4	8 5/8"	24#	±5000'	1200	Surface
7 7/8	5 1/2"	15.5# & 17#	±9000'	900	3000'

Plan to drill to Abo formation to a depth of 9000'. All casing will be cemented and tested by approved methods.

Blowout equipment to be used will be:

A 900 Series Cameron pipe and blind rams with a Hydrill or of equivalent type. Remote controls will be located on the derrick floor with closing unit located a minimum of 75' from the wellhead.

Approval

Drilling Underway:

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.

Signed William D. Holmes Title Operations Superintendent Date August 23, 1985

(This space for State Use)

ORIGINAL SIGNED BY WAINOCO

AUG 28 1985

APPROVED BY DISTRICT ENGINEER TITLE DISTRICT ENGINEER DATE

CONDITIONS OF APPROVAL, IF ANY: