

30-025-26503

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease
STATE FEE

5. State Oil & Gas Lease No.
K-5796

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work
b. Type of Well DRILL DEEPEN PLUG BACK
OIL WELL GAS WELL OTHER SINGLE ZONE MULTIPLE ZONE

2. Name of Operator
Marathon Oil Company

3. Address of Operator
P. O. Box 2409, Hobbs, New Mexico 88240

4. Location of Well UNIT LETTER D LOCATED 660 FEET FROM THE North LINE
AND 660 FEET FROM THE West LINE OF SEC. 17 TWP. 17S RGE. 35E RMPM

7. Unit Agreement Name

8. Firm or Lease Name
Marathon State
Section 17A Com

9. Well No.
1

10. ~~Field or District~~
North Vacuum Abo

12. County
Lea

19. Proposed Depth
8900'

19A. Formation
Abo

20. Rotary or C.T.
Rotary

21. Elevations (Show whether DF, RT, etc.)
3987.7' GR, 4008' KB est

21A. Kind & Status Plug. Bond
Current

21B. Drilling Contractor
Unknown

22. Approx. Date Work will start
10-15-77

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#	300'	250 sks est	Surface
11"	8 5/8"	24#, 28#, 32#	3200'	896 sks est	Surface
7 3/4"	5 1/2"	15.5#, 17#	8900'	1500 sks est	Tie-Back

1. Drill to approximate depth of 8900'.
2. Cement and test all casing by approved methods.
3. While drilling, well will be equipped with API BOP equipment. BOP to be equipped with pipe rams and blind rams. Remote controls will be located on rig floor and closing unit on the location a safe distance from wellhead.
4. During completion well will be equipped with API BOP's equipped with pipe and blind rams.

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 Carl Harman Title Production Engineer Date October 10, 1979

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT I DATE OCT 15 1979

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
OCT 19 1963
O.C.D. HOBBS, OFFICE