

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

IL CONSERVATION DIVISIC
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

30-025-29797

Form C-101
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5A. Indicate Type of Lease
STATE ☐ FCC ☒

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Marathon Oil Company		8. Farm or Lease Name W.S. Marshall "B"
3. Address of Operator P.O. Box 552, Midland, TX 79702		9. Well No. 10
4. Location of Well UNIT LETTER M LOCATED 990 FEET FROM THE West LINE AND 660 FEET FROM THE South LINE OF SEC. 27 TWP. 21S RGE. 37E NADW		10. Field and Pool, or Wildcat Wantz Abo
17. County Lea		
19. Proposed Depth 7,600'		19A. Formation Abo
20. Rotary or C.T. Rotary		
21. Elevations (show whether DF, KI, etc.) 3,413' GL	21A. Kind & Status Plug. Bond Blanket on File	21B. Drilling Contractor Unknown
22. Approx. Date Work will start 12-1-86		

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	8-5/8"	24#	1,200'	580	Surface
7-7/8"	5-1/2"	15.5 & 17#	7,600'	2,520	Surface

Plan to drill $\pm 7,600'$.

Cement and test all casing by approved methods.

Blowout prevention equipment will be an 11", 3,000# annular and an 11", 3,000# dual BOP system with remote controls.

Well is anticipated to be completed as a Wantz Abo oil well.

Cementing will be done in two stages with a DV tool at $\pm 4,000'$.

Permit Expires 6 Months From Approval
Date Unless 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 Paul Kautz Title Prod. Engineer Date Nov. 19, 1986

(Original for State Use)
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE Nov 21 1986

CONDITIONS OF APPROVAL, IF ANY:

NOV 20 1986
MOBILE SERVICE