

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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 ☒ FEE ☐

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1. Type of Work  
DRILL ☒ DEEPEN ☐ PLUG BACK ☐

2. Type of Well  
OIL WELL ☐ GAS WELL ☐ OTHER ☒ Injector  
SINGLE ZONE ☐ MULTIPLE ZONE ☐

3. Name of Operator  
Marathon Oil Company

4. Address of Operator  
P. O. Box 552, Midland, TX 79702

5. Location of Well  
UNIT LETTER H LOCATED 2620 FEET FROM THE north LINE  
NO 25 FEET FROM THE east LINE OF SEC. 16 TWP. 22-S RGE. 36-E NMPM

6. Unit Agreement Name

7. Farm or Lease Name  
McDonald State A/C 1

8. Well No.  
34

9. Field and Pool, or Wildcat  
S. Eunice/7-Rivers-Queen

10. County  
Lea

11. Proposed Depth  
3900'

12. Formation  
7-Rivers/Queen

13. Rotary or C.T.  
Rotary

14. Elevations (Show whether DF, RT, etc.)  
3552' GL

15. Kind & Status Plug. bond  
Blanket-Current

16. Drilling Contractor

17. Approx. Date Work will start

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8-5/8"	24#	450'	200	Circulate
7-7/8"	5-1/2"	15.5#	3900'	850	Circulate

Plan to drill to 3900'.

Cement and test all casing by approved methods.

Blowout prevention equipment will be a 14" annular or rotating head for the surface hole and an 11" 3M annular, 11" 3M dual ram with remote controls and 3M choke system for the 7-7/8" hole. Well is anticipated to be completed as a 7-Rivers-Queen injection well.

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 [Signature] Title Drilling Superintendent Date 1/31/51

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY:

R-9523 Jy ON J NSL