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

DISTRICT I	OIL C	CONSERVATIO		API NO. (assigned by OCD on New Wells)			
P.O. Box 1980, Hobbs, NM		P.O. Box 2088 Santa Fe, New Mexico 87504-2088			30-025-31184		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		ma re, New Mexico	5. Indicate Type of Lease STATE X		ATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Azteo		6. State Oil & Gas Lease No.					
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK							
1. T. CW. I					7. Lease Name or Unit Agreement Name		
DRILL X RE-ENTER DEEPEN PLUG BACK					me or omit Ag	recircit Name	
b. Type of Well: OIL GAS SINGLE MULTIPLE WELL X WELL OTHER ZONE ZONE					McDonald State $A/C/I$		
2. Name of Operator				8. Well No.			
Marathon Oil Company				46			
3. Address of Operator					9. Pool name or Wildcat		
P. O. Box 552, Midland, TX 79702 South Eunice &R-GN							
4. Well Location Unit Letter H: 1980 Feet From The north Line and 760 Feet From The east Line							
				<del></del>			
Section 16 Township 22-S Range 36-E NMPM Lea County							
//////////////////////////////////////				ormation .		12. Rotary or C.T.	
		4000	1	livers/ <del>Gr</del>	rulen	Rotary	
13. Elevations (Show whether DF, RT, GR, etc.)		I. Kind & Status Piug. Bond	15. Drilling Contractor			Date Work will start	
1		lanket-Current	Unknown	1		20, 1991	
17. PROPOSED CASING AND CEMENT PROGRAM							
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	T	CEMENT	EST. TOP	
11"	8-5/8"	24#	450'	200	OLINEITI	Circulate	
7-7/8"	5-1/2"	15.5#	4000'	850		Circulate	
Plan to drill to 4000'.  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/Grayburg producer.  IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: # FROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, # ANY.  I hereby certify that the information-move is true and omplete to the best of my knowledge and belief.  Signature							
TYPE OR PRINT NAME S	. L. Atnipp			<del> </del>	TEL	EPHONE NO.915/682-16	
	Dinal Service by the		_			MAR 0 5 1991	
APPROVED BY	DANTAKCY   SANSON	TIT	LE		DA1		
CONDITIONS OF APPROVAL, I	FANY:		Darmit Ev	rimore To M	in rithe Fa	mann Deren varie	