

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD on New Wells)
30-025-31221
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. A-2614

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					
1a. Type of Work: DRILL <input checked="" type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>					
b. Type of Well: 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"/>					
2. Name of Operator Marathon Oil Company					
3. Address of Operator P. O. Box 552, Midland, TX 79702 ATTN: Drilling Dept.					
4. Well Location Unit Letter M : 330 Feet From The south Line and 330 Feet From The west Line Section 16 Township 22-S Range 36-E NMPM Lea County					
10. Proposed Depth 10,000		11. Formation Strawn		12. Rotary or C.T. Rotary	
13. Elevations (Show whether DF, RT, GR, etc.) 3527' GL		14. Kind & Status Plug. Bond Blanket-Current		15. Drilling Contractor Unknown	
16. Approx. Date Work will start May 15, 1991					
17. 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	400'	450	Circulate
12-1/4"	8-5/8"	32	1200' 4000'	850 1450	Circulate
7-7/8"	5-1/2"	17	10,000'	2150	Tie Back

Well is proposed to drill to 10,000' and be completed in the Strawn.
Cement & test all casing by approved methods.
Blowout prevention equipment will be a 13-5/8" dual ram, annular w/ remote controls
and 3M choke system for the surface hole & an 11" dual ram, annular w/ remote controls
and 3M choke system for the intermediate and production hole.
All auxiliary safety equipment will be applied as required.

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.

SIGNATURE S. L. Atnipp TITLE Drilling Superintendent DATE 4/15/91

TYPE OR PRINT NAME S. L. Atnipp TELEPHONE NO. 915/682-16

(This space for State Use)
Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

APR 19 1991

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State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT I

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WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator MARATHON OIL COMPANY			Lease McDONALD STATE ACCOUNT 1		Well No. 48
Unit Letter M	Section 16	Township 22 SOUTH	Range 36 EAST	County LEA	
Actual Footage Location of Well: 330 feet from the SOUTH line and 330 feet from the WEST line					
Ground level Elev. 3527.3'	Producing Formation Strawn		Pool Langley	Dedicated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.

OPERATOR CERTIFICATION
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature _____
Printed Name
S. L. Atnipp
Position
Drilling Superintendent
Company
Marathon Oil Company
Date
4/15/91

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
April 9, 1991
Signature & Seal of
Professional Surveyor

Certificate No. JOHN W. WEST, 676
RONALD J. EIDSON, 3239

