Submit 3 Copies

APPROVED BY-

CONDITIONS OF AFFROVAL, IF ANY:

State of New Mexico

OTT	C-1	W
Revis	ed 1	-1-8

__ DATE __

District Office	energy, Minerals and Natural Res	sources Department	Revised	1-1-89
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION		WELL API NO.	
DISTRICT II	P.O. Box 2088		30-025-09176	
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 8	5/304-2088	5. Indicate Type of Lease STATE X	FEE [
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & Gas Lease No. A-2614	المناه المناس
(DO NOT USE THIS FORM FOR PRODIFFERENT RESE	ICES AND REPORTS ON WELL OPOSALS TO DRILL OR TO DEEPEN O RVOIR. USE "APPLICATION FOR PER -101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Nam	ne
I. Type of Well: Oil GAS WELL WELL	one Injec	tion	- South Eunice (7RQ) U	nit
2 Name of Operator			8. Weil No.	
Marathon Oil Company 3. Address of Operator			9. Pool name or Wildcat	
P. O. Box 552, Midlar	d. TX 79702		South Eunice (7RO)	
4. Well Location				
Unit Letter K: 16	50 Feet From The South	Line and165	O Feet From The West	Line
Section 36	Township 22S Ran	Re 36E	NMPM Lea	County
	10. Elevation (Show whether D	F. RKB, RT, GR, esc.)		
//////////////////////////////////////		51' KB	*/////////////////////////////////////	
II. Check . NOTICE OF INT	Appropriate Box to Indicate N FENTION TO:		leport, or Other Data BSEQUENT REPORT OF:	
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASIN	G [
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. UPLUG AND ABAN	DONMENT L
ULL OR ALTER CASING		CASING TEST AND C	EMENT JOB	
THER:		OTHER:	· · · · · · · · · · · · · · · · · ·	[
work) SEE RULE 1103.	tions (Clearly state all pertinent details, and			
I hereby certify that the information above is and signature TYPE OR FRINT NAME ROD J. E		eid. 2 Operations Fi		1/92 (915) 682-162
		<u></u>		
(This space for State Use)			MA	R 0 3 '9