Submit 1 Copy To Appropriate District Form C-103 State of New Mexico Revised July 18, 2013 Energy, Minerals and Natural Resources District I - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 30-015-42728 OIL CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease District III - (505) 334-6178 1220 South St. Francis Dr. STATE X FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV - (505) 476-3460 6. State Oil & Gas Lease No. 1220 S. St. Francis Dr., Santa Fe, NM 87505 7. Lease Name or Unit Agreement Name SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A **BLACK RIVER 10 STATE COM** DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number 2H 1. Type of Well: Oil Well Gas Well X Other 2. Name of Operator 9. OGRID Number MARATHON OIL PERMIAN. LLC 372098 3. Address of Operator 5555 SAN FELIPE STREET 10. Pool name or Wildcat PURPLE SAGE; WOLFCAMP (GAS) HOUSTON, TX 77056 4. Well Location **EAST** Unit Letter feet from the line feet from the NORTH line and 1680 240 27E **NMPM** County EDDY Section Township 24S Range 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON** COMMENCE DRILLING OPNS. P AND A **CHANGE PLANS PULL OR ALTER CASING** MULTIPLE COMPL  $\Box$ CASING/CEMENT JOB DOWNHOLE COMMINGLE **CLOSED-LOOP SYSTEM** OTHER: OTHER: 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. MARATHON OIL PERMIAN, LLC. SPUD THIS WELL OCTOBER 1, 2017. NM OIL CONSERVATION ARTESIA DISTRICT OCT 1 0 2017 RECEIVED **OCTOBER 1, 2017** Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE OCTOBER 2, 2017 REGULATORY COMPLIANCE REP **SIGNATURE** Type or print name MELISSA SZNDERA E-mail address: MSZUDERA@MARATHONOIL.COM PHONE: (713) 296-3179 For State Use Only TITLE Staff May DATE 10-10-17 APPROVED BY:

Conditions of Approval (if any):