Submit I Copy To Ar Office	py To Appropriate District State of New Mexico							Form C-103			
District I - (575) 393-		Minerals and N	latural Resour	rces	Revised July 18, 2013 WELL API NO.						
1625 N. French Dr., Holls BBS OCD District II - (575) 74-120 BBS OCD								API NO. 0-025-43607			
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION							5. Indicate Type of Lease				
District III - (505) 334-6128 1000 Rio Brazos Rd., Azis TM 174102017							STATE X FEE				
<u>District IV</u> – (505) 476-3460 Santa Pe, Nivi 87503							6. State	Oil & Gas Le	ase No.		
1220 S. St. Francis Di 87505		FIVE									
SUNDRY NOTICES AND REPORTS ON WELLS							7. Lea	ise Name or U	nit Agreeme	nt Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH							GRAN	A RIDGE 8	STATE	}	
PROPOSALS.)							9 Wall	Number			
1. Type of Well: Oil Well X Gas Well Other									2H		
2. Name of Operator MARATHON OIL PERMIAN, LLC.							9. OGR	ID Number	372098		
3. Address of Operator 5555 SAN FELIPE ST								10. Pool name or Wildcat WOLFCAMP			
HOUSTON, TX 77056 WOLFCAMP 4. Well Location											
Unit Letter 0 : 250 feet from the SOUTH line and 1965 feet from the EAST line											
Section	8		Tov	vnship22S	Range 34E		NMPM		ounty LEA	,	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)											
3534'											
	10 01							0.1			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data											
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:											
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR									TERING CAS	ING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI								PNS.□ PA	ND A		
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB											
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM											
OTHER:	STSTEM				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.											
				ECTFULLY RE			E TO TH	E CASING A	ND CEMEN	T ON THE	
ABOVE L	ISTED WE	ELL. SEE	BELOW FO	OR NEW CASIN	NG INFORMA	TION.					
1et	0 1:-				0-44:	1		F-4/4-4-TO	اء		
. 1/0				Casing Weight	The control of the co				C		
N	Surf	17.5	13.375	54.5	1725		300	0	-		
nN	Prod	12.25 8.75	9.625	36 29	5100 11800		40	0	-		
ND .	Liner	6.125	4.5	13.5	15900		60	10800	-		
V											
0 10				p: p.t	Б.						
Spud Date:				Rig Release	Date:			1			
I hereby certify the	t the inform	nation abo	we is true an	d complete to th	e best of my k	nowledge	and heli	ef			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.											
	1.										
SIGNATURE	10c	/	4	TITLE RI	EGULATORY	COMPL	JANCE	REP_DATE	AUGUST 7	7, 2017	
T	MICH	C CZIII	DED A	D	MOZIUND	10111	ATLICA	OIL COM	PHONE: 713	3-296-3179	
Type or print name		SSA SZUE	JEKA	E-mail address:	MSZUDERA	AWMAR	ATHON	JIL.COM	PHONE:	270 3177	
For State Use Onl	Y	/			Datast	_			,	, ,	
APPROVED BY:		2	1	TITLE	Petroleu	m Engi	neer	DATE	09/2	2/17	
Conditions of Appr		y):									