Submit 1 Copy To Appropriate District Sta	te of New Mexico	Form C-103
Office Energy, Mit	erals and Natural Resources	Revised July 18, 2013
District II – (575) 575-0101 District II – (575) 748-1283 States a Artesia NM 88240 OIL CONSERVATION DIVISION		WELL API NO. 30-025-38642
District III – (5/5) /48-1283 811 S. First St., Artesia, NM 882BBS OIL CONSERVATION DIVISION District III – (505) 334-64 1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410, 0 200		STATE FEE   6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Ferrit		6. State Off & Gas Lease No.
87505 SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement 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		Silver Oak
PROPOSALS.)		8. Well Number 1
1. Type of Well: Oil Well Gas Well Other   2. Name of Operator		9. OGRID Number
Marathon Oil Permian LLC.		372098
3. Address of Operator		10. Pool name or Wildcat
5555 San Felipe Street, Houston, TX 77056   Scharbi; Bone Spring     4. Well Location   COO		
Unit Letter Lot 2 660 feet from the North line and 1980 feet from the East line		
AND REAL PROPERTY AND ADDRESS OF THE OWNER ADDRESS	nip 19S Range 35E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3938		
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 WORK ALTERING CASING		
PULL OR ALTER CASING DOWNHOLE COMMINGLE		II JOB
CLOSED-LOOP SYSTEM		
OTHER: 13. Describe proposed or completed operations. (0	Clearly state all pertinent details, an	
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 shut in this well August 7, 2017 due to a hole in the tubing.		
Spud Date: 01/15/2008	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE	TITLE Regulatory Compliance	Representative DATE 12/8/2017
Mallaca Studens	E-mail address:	
Type or print name	E-mail address:	PHUNE:

For State Use Only

APPROVED BY:\_\_\_ Conditions of Approval (if any):

Accepted for Record Only Mulliown 12/18/2017

DATE