Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 5	thergy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
District II – (575) 748-1283 811 S. First St., Artesia, NM 832-10	QIL CONSERVATION DIVISION	30-025-42173 5. Indicate Type of Lease
District III - (505) 334-6178	1220 South St. Francis Dr.	STATE FEE
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	200 IL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDKI NOTICE	S AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	S TO DRILL OR TO DEEPEN OR PLUG BACK TO A ION FOR PERMIT" (FORM C-101) FOR SUCH	Raptor West 3 State
71	s Well Other	8. Well Number 4H
2. Name of Operator Marathon Oil Permian LLC.		9. OGRID Number 372098
3. Address of Operator	TV 77050	10. Pool name or Wildcat
5555 San Felipe Street, Housto		Scharbi; Bone Spring
Unit Letter P : 25	leet from the the and	leet from theline
Section 3	Township 19S Range 34E 1. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM County Lea
3988		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTE		SEQUENT REPORT OF:
_	LUG AND ABANDON REMEDIAL WOR HANGE PLANS COMMENCE DR	
PULL OR ALTER CASING M	IULTIPLE COMPL CASING/CEMEN	_
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM		
OTHER:	□ OTHER: Tubing	
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 converted this well production method from ESP to gas lift.		
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Tubing Information		
Size: 2 7/8" Depth Set 9960'		
Packer: 9953'		
Spud Date: 10/20/2014	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
1:0		
SIGNATURE	TITLE Regulatory Compliance	Representative DATE 12/7/2017
Type or print name Melissa Szu		
For State Use Only	E-man address.	FHONE.
APPROVED BY: Accepted for Record Only DATE DATE		
Conditions of Approval (if any):		DATE
M&Scown 12/18/2017		
	12/18/2017	
	7,7,	