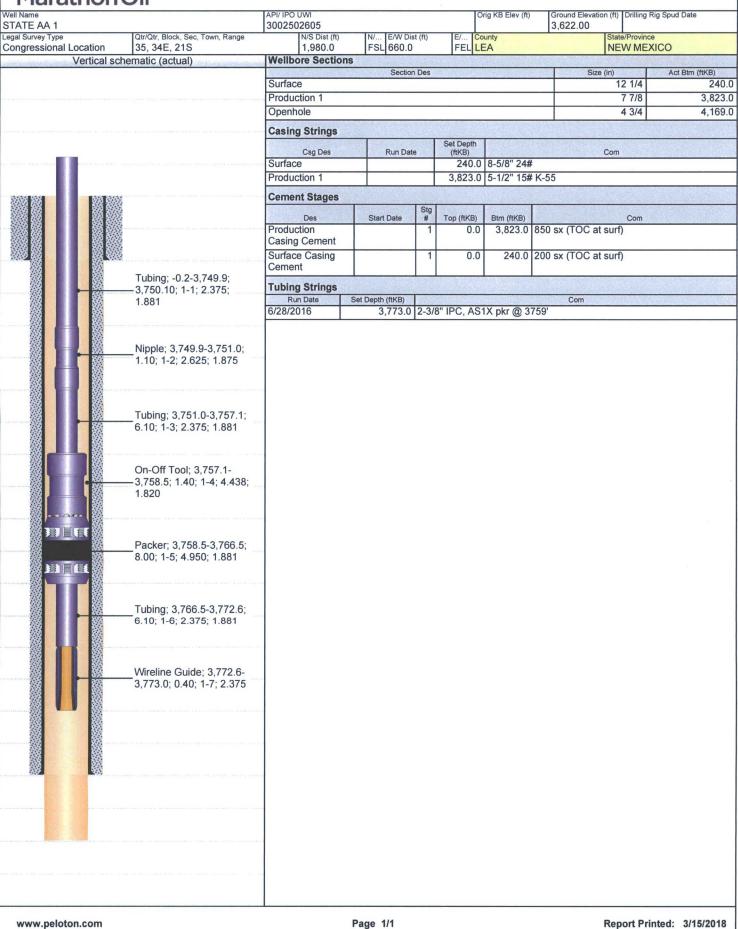
Submit 1 Copy To Appropriate District Office State of New Mexicon Minerals and Networks		Form C-103 Revised July 18, 2013							
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 MAR 15 2019 CONSERVATION DIVISION		WELL API NO.							
		30-025-02605 5. Indicate Type of Lease							
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 8741 District IV – (505) 476-3460 RECEIVED Santa Fe, NM 87	cis Dr.	STATE FEE							
1220 S. St. Francis Dr., Santa Fe, NM		6. State Oil & 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 PLU DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FO PROPOSALS.)	R SUCH	STATE AA							
1. Type of Well: Oil Well Gas Well Other 500		8. Well Number 1							
2. Name of Operator Marathon Oil Permian LLC		9. OGRID Number 372098							
3. Address of Operator		10. Pool name or Wildcat							
5555 San Felipe St., Houston, TX 77056 4. Well Location		SWD; YATES							
Unit Letter : 660 EAST	line and	1980 feet from	south line						
Section 35 Township 21S Ran		NMPM	County LEA						
11. Elevation (Show whether DR, 3669)									
	O11								
12. Check Appropriate Box to Indicate Na	ature of Notice, R	eport or Other I	Data						
NOTICE OF INTENTION TO:	SUBS	EQUENT REP	PORT OF:						
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING						
TEMPORARILY ABANDON									
DOWNHOLE COMMINGLE									
CLOSED-LOOP SYSTEM OTHER:	OTHER:	TEMPORARILY A	BANDON 🗸						
13. Describe proposed or completed operations. (Clearly state all p									
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.									
proposed completion or recompletion. Marathon Oil Permian, LLC notified the State 24 hr. prior to running MIT and is submitting successful MIT performed on 3/9/2018 which was witnessed by State representative. Please see attached.									
Pressure test start 610 psi for 32 minutes, end with 600 psi.									
Fressure test start 010 psi 101 32 minutes, end with 000 psi.									
This Anomyal of									
This Approval of Temporary 19/2022 Abandonment Expires 3/9/2022									
The state of the s									
8 18 8									
Spud Date: Rig Release Dat	te:								
I hereby certify that the information above is true and complete to the best of my knowledge and belief.									
SIGNATURE Gennifer Van Curen TITLE Sr. Regi	ulatory Compliance	DAT	3/15/2018						
			713 206 2500						
Type or print name E-mail address: PHONE:									
For State Use Only ADJT 3/5/2019									
APPROVED BY: DATE 5/15/2018 Conditions of Approval (if any):									
V									

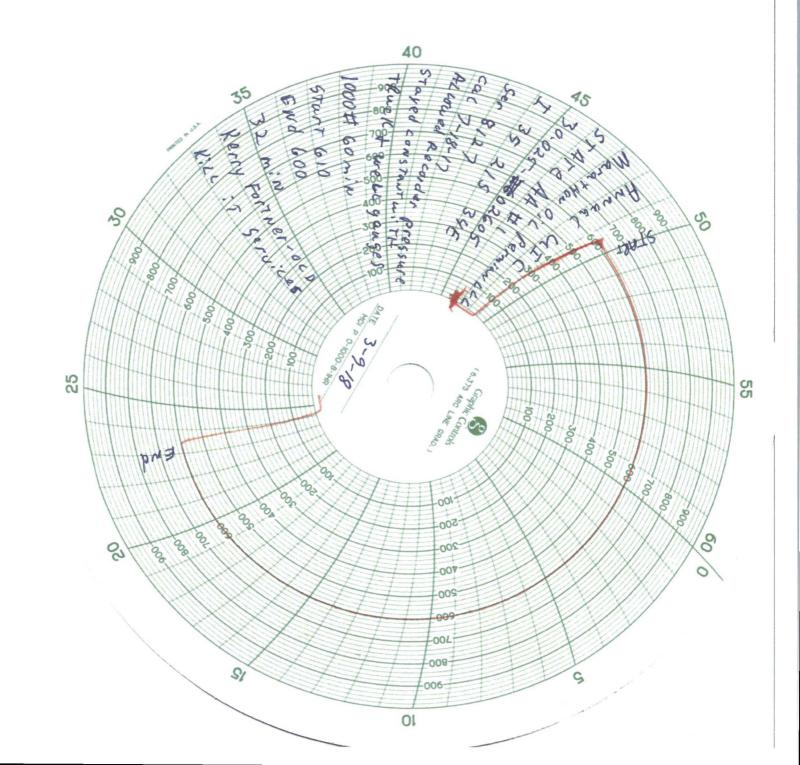
RBDMS-CHART-V

MB



WBD Well Name: STATE AA 1





<u>District.I.</u> 1625 N. French Dr., Hobbs, NM 88240 Phone: (575) 393-6161 Fax: (575) 393-0720

State of New Mexico

Energy, Minerals and Natural Resources Department Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Property Name

MARATHON OIL PERMIAN,LLC

Operator Name

3 API Number

30-025-02605-0000

STATE A A	STATE A A 001										
7. Surface Location											
	vnship Range				N/S Line Feet Fi		E/W Line	County			
1 35	21-S 34-E	34-E 1980 S			660		E	LEA			
Well Status TA'D Well SHITLIN INJECTOR PRODUCER DATE											
	TA'D Well SHUT-IN INJECTOR			PRODUCER		3/09/18					
YES NO	YES A	NO INJ SWD OII			OIL	GAS		0/0//10			
OBSERVED DATA											
	(A)Surf-Interm	(B)Interm(1)		(C)Interm(2)		(D)Prod Csng		(E)Tubing			
Pressure	0					0		24			
Flow Characteristics											
Puff	Y/Ø	Υ /	N	Y / N		Ø/N		CO2			
Steady Flow	Y / (N)	Y /	N	Y/N		Y / Ø		WTR			
Surges	Y / 🕅	Υ/	N	Y/N		V/ 6		GAS			
Down to nothing	O'/N	Y/N		Y/N		Or/ N		If applicable type			
Gas or Oil	Y/(N)		N	Y/N		Y/0)		fluid injected for			
Water	Y/N	Y/N		Y/N		Y / 8/		Waterflood			
Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.											
Signature:				OIL	OIL CONSERVATION DIVISION						
Printed name:				Entered	Entered into RBDMS						
Title:					Re-test	Re-test					
E-mail Address:											
Date:	Phone:										
Witness: KERRY FORTNER-OCD 575-399-3221											