

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87401
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

| | | |
|---|--|---|
| SUNDRY NOTICES AND REPORTS ON WELLS (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 PROPOSALS.) | | WELL API NO. 30-25-21687 ✓ |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other | | 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator Marathon Oil Permian LLC ✓ | | 6. State Oil & Gas Lease No. |
| 3. Address of Operator 5555 San Felipe St., Houston, TX 77056 | | 7. Lease Name or Unit Agreement Name NEW MEXICO DB STATE ✓ |
| 4. Well Location Unit Letter <u>B</u> : <u>710</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>EAST</u> line Section <u>25</u> Township <u>20S</u> Range <u>35E</u> NMPM County <u>LEA</u> ✓ | | 8. Well Number <u>1</u> ✓ |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | 9. OGRID Number 372098 ✓ |
| | | 10. Pool name or Wildcat OSUDO; ATOKA (GAS) |

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

| | | | |
|--|---|--|--|
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | P AND A <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL. <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> | |
| DOWNHOLE COMMINGLE <input type="checkbox"/> | | | |
| CLOSED-LOOP SYSTEM <input type="checkbox"/> | | | |
| OTHER: <input type="checkbox"/> | | OTHER: TEMPORARILY ABANDON <input checked="" type="checkbox"/> | |

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 notified the State 24 hr. prior to running MIT and is submitting successful MIT performed on 3/20/2018 which was witnessed by State representative. Please see attached.

Pressure test start 560 psi for 32 minutes, end with 560 psi.

This Approval of Temporary
Abandonment Expires 3/20/2019

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

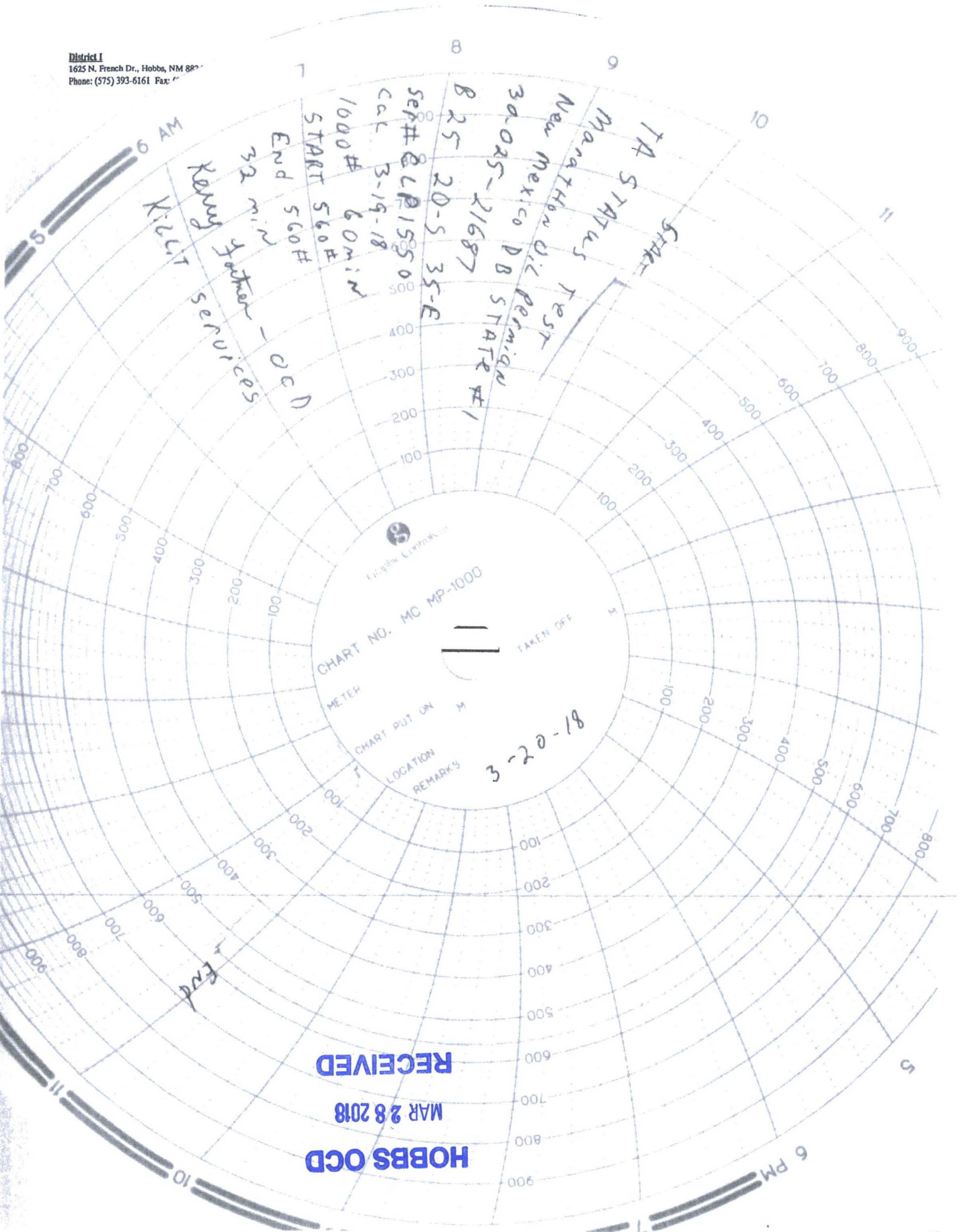
SIGNATURE Jennifer Van Curen TITLE Sr. Regulatory Compliance Representative DATE 3/26/2018

Type or print name Jennifer Van Curen E-mail address: jvancuren@marathonoil.com PHONE: 713-296-2500

For State Use Only

APPROVED BY: Mary Brown TITLE AO/II DATE 4/4/2018

Conditions of Approval (if any):



District I
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

HOBBS OCD

MAR 28 2018

RECEIVED

BRADENHEAD TEST REPORT

| | | |
|---|--|--|
| Operator Name MARATHON OIL PERMIAN, LLC | | API Number 30-025-21687-0000 |
| Property Name NEW MEXICO DB STATE | | Well No. 001 |

7. Surface Location

| | | | | | | | | |
|----------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot B | Section 25 | Township 20-S | Range 35-E | Feet from 710 | N/S Line N | Feet From 1980 | E/W Line E | County LEA |
|----------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

| | | | | |
|-----------------------------------|---------------------------------|-----------------------------------|-----------------------------------|------------------------|
| TA'D Well YES NO | SHUT-IN YES NO | INJECTOR INJ SWD | PRODUCER OIL GAS | DATE 3/20/18 |
|-----------------------------------|---------------------------------|-----------------------------------|-----------------------------------|------------------------|

OBSERVED DATA

| | (A)Surf-Interm | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing |
|----------------------|----------------|--------------|--------------|--------------|--------------------|
| Pressure | 0 | | | 0 | TA |
| Flow Characteristics | | | | | |
| Puff | Y / N | Y / N | Y / N | Y / N | CO2 _____ |
| Steady Flow | Y / N | Y / N | Y / N | Y / N | WTR _____ |
| Surges | Y / N | Y / N | Y / N | Y / N | GAS _____ |
| Down to nothing | Y / N | Y / N | Y / N | Y / N | If applicable type |
| Gas or Oil | Y / N | Y / N | Y / N | Y / N | fluid injected for |
| Water | Y / N | Y / N | Y / N | Y / N | Waterflood |

Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

| | |
|--|---------------------------|
| Signature: <i>[Signature]</i> | OIL CONSERVATION DIVISION |
| Printed name: BOB WAGNER | Entered into RBDMS |
| Title: Production Supervisor | Re-test |
| E-mail Address: | |
| Date: 3/20/2018 | Phone: |
| Witness: KERRY FORTNER-OCD 575-399-3221 | |