Submit 1 Copy To Appropriate District Office	ate of New Mexico	Form C-103
State of New Mexico 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 87505 District IV – (505) 476-3460 District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505		Revised July 18, 2013 WELL API NO.
District II – (575) 748-1283 OH. CONSERVATION DIVISION		30-025-44688
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 8040	anta Fe NM 87505	STATE FEE
District IV - (505) 476-3460 Santa Fe, NM 8/505 1220 S. St. Francis Dr., Santa Fe, NM 9/505 6. State Oil & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSED TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		FLOWMASTER FEE 24 34 15 WD
1. Type of Well: Oil Well Gas Well Other		8. Well Number _{3H}
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		LEA
4. Well Location Unit Letter D 340 feet fr	om the line and	440 W line
Section 15 Town	ship 24S Range 34E	NMPM County LEA
11. Elevation (S	Show whether DR, RKB, RT, GR, etc., 3523' GR	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A CASING/CEMENT JOB P AND A CASING/CEMENT JOB OTHER: OTHER: OTHER: OTHER: OTHER: To: Flowmaster 15 WD Fee 3H (321177)		
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 ALL TITLE CTR - Technician HES DATE 1/23/2019		
Adrian Covarrubias acovarrubias@marathonoil.com 713-296-3368		
Type or print name E-mail address: PHONE: PHONE:		
APPROVED BY: Sarent Sharp TITLE Staff Mgr DATE 2-1-19 Conditions of Approval (if any):		