Submit 1 Copy of Office	To Appropriate District	State of New Mexico			Form C-103			
<u>District I</u> – (575		Energy, M	linerals and Natu	ral Resources	WELL AD		d July 18, 2013	
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283					WELL API NO. 30-025-44662			
811 S. First St., Artesia, NM 88210 OIL CON			ISERVATION DIVISION		5. Indicate Type of Lease			
District III – (505) 334-6178 1220 South St. Fra 1000 Rio Brazos Rd., Aztec, NM 87410				STATE FEE 🗸				
District IV – (505) 476-3460 Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505					6. State Oi	l & Gas Lease No.		
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 PROPOSALS.)						BLUEBERRY HILL 19 TB FEE		
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 4. Well Location						WC-025 G-09 S243532M; WOLFBONE		
	ation G t Letter:		rom theNORT	line and		eet from the	AST line	
Sect	tion 19	Town		nge 35E	NMPM	County	LEA	
!		11. Elevation (Show whether DR, 3339'		c.)		ž	
TEMPORAR PULL OR AL DOWNHOLE CLOSED-LO OTHER: 13. Description of sta propo	NOTICE OF IN REMEDIAL WORK ILY ABANDON ILTER CASING E COMMINGLE OP SYSTEM Oribe proposed or computing any proposed wo completion or recompletion or recom	PLUG AND AB CHANGE PLAI MULTIPLE CO Detected operations. ork). SEE RULE completion. talled tubing as follow	ANDON NS NS NS NS NS NS NS	REMEDIAL WO COMMENCE DI CASING/CEME OTHER: Dertinent details, a	RK RILLING OPNS NT JOB TUBII nd give pertine	P AND A NG DETAIL ent dates, including ttach wellbore diag	estimated date gram of	
						MAR 1 0 2		
						RECEIV	/ED	
Spud Date:	4/16/20	19	Rig Release Da	te:	9/14/2019			
I hereby certif	y that the information	ahove is true and	complete to the be	est of my knowled	lge and helief			
Thereby certif	y mat me mormation	above is true and	complete to the of	st of my knowled	ige and benef.			
SIGNATURE	All	1	TITLE_Regula	tory Professional		DATE)	
Type or print i		bias	E-mail address	acovarrubias@	marathonoil.co	PHONE:	296-3368	
APPROVED I Conditions of	BY:	Ment	TITLE			DATE 03	110/202	