

| <b>District I</b><br>1625 N. French Dr., Hobbs, NM 88240<br>Phone:(575) 393-6161 Fax:(575) 393-0720<br><b>District II</b><br>811 S. First St., Artesia, NM 88210<br>Phone:(575) 748-1283 Fax:(575) 748-9720<br><b>District III</b><br>1000 Rio Brazos Rd., Aztec, NM 87410<br>Phone:(505) 334-6178 Fax:(505) 334-6170<br><b>District IV</b><br>1220 S. St Francis Dr., Santa Fe, NM 87505<br>Phone:(505) 476-3470 Fax:(505) 476-3462                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><b>Oil Conservation Division</b><br><b>1220 S. St Francis Dr.</b><br><b>Santa Fe, NM 87505</b> | Form C-103<br>August 1, 2011<br>Permit 262622<br><hr/> WELL API NUMBER<br>30-025-44685<br><hr/> 5. Indicate Type of Lease<br>P<br><hr/> 6. State Oil & Gas Lease No.<br><br><hr/> 7. Lease Name or Unit Agreement Name<br>FLOWMASTER FEE 24 34 15<br>TB |                                             |                              |                             |                                             |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |   |  |      |    |   |          |      |       |       |       |    |     |   |      |      |      |   |  |      |    |   |          |      |          |      |   |    |      |   |       |     |      |   |  |      |    |   |          |        |             |       |     |      |      |       |       |     |      |   |  |      |   |   |
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| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               |                                                                                                                                                                                                                                                         |                                             |                              |                             |                                             |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |   |  |      |    |   |          |      |       |       |       |    |     |   |      |      |      |   |  |      |    |   |          |      |          |      |   |    |      |   |       |     |      |   |  |      |    |   |          |        |             |       |     |      |      |       |       |     |      |   |  |      |   |   |
| 1. Type of Well:<br>O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               | 8. Well Number<br>007H                                                                                                                                                                                                                                  |                                             |                              |                             |                                             |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |   |  |      |    |   |          |      |       |       |       |    |     |   |      |      |      |   |  |      |    |   |          |      |          |      |   |    |      |   |       |     |      |   |  |      |    |   |          |        |             |       |     |      |      |       |       |     |      |   |  |      |   |   |
| 2. Name of Operator<br>MARATHON OIL PERMIAN LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                               | 9. OGRID Number<br>372098                                                                                                                                                                                                                               |                                             |                              |                             |                                             |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |   |  |      |    |   |          |      |       |       |       |    |     |   |      |      |      |   |  |      |    |   |          |      |          |      |   |    |      |   |       |     |      |   |  |      |    |   |          |        |             |       |     |      |      |       |       |     |      |   |  |      |   |   |
| 3. Address of Operator<br>5555 San Felipe St., Houston, TX 77056                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                               | 10. Pool name or Wildcat                                                                                                                                                                                                                                |                                             |                              |                             |                                             |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |   |  |      |    |   |          |      |       |       |       |    |     |   |      |      |      |   |  |      |    |   |          |      |          |      |   |    |      |   |       |     |      |   |  |      |    |   |          |        |             |       |     |      |      |       |       |     |      |   |  |      |   |   |
| 4. Well Location<br>Unit Letter <u>D</u> : <u>340</u> feet from the <u>N</u> line and feet <u>340</u> from the <u>W</u> line<br>Section <u>15</u> Township <u>24S</u> Range <u>34E</u> NMPM _____ County <u>Lea</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                               |                                                                                                                                                                                                                                                         |                                             |                              |                             |                                             |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |   |  |      |    |   |          |      |       |       |       |    |     |   |      |      |      |   |  |      |    |   |          |      |          |      |   |    |      |   |       |     |      |   |  |      |    |   |          |        |             |       |     |      |      |       |       |     |      |   |  |      |   |   |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3523 GR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               |                                                                                                                                                                                                                                                         |                                             |                              |                             |                                             |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |   |  |      |    |   |          |      |       |       |       |    |     |   |      |      |      |   |  |      |    |   |          |      |          |      |   |    |      |   |       |     |      |   |  |      |    |   |          |        |             |       |     |      |      |       |       |     |      |   |  |      |   |   |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                               |                                                                                                                                                                                                                                                         |                                             |                              |                             |                                             |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |   |  |      |    |   |          |      |       |       |       |    |     |   |      |      |      |   |  |      |    |   |          |      |          |      |   |    |      |   |       |     |      |   |  |      |    |   |          |        |             |       |     |      |      |       |       |     |      |   |  |      |   |   |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data<br><table style="width:100%;"> <tr> <td colspan="2" style="text-align: center;">NOTICE OF INTENTION TO:</td> <td colspan="2" style="text-align: center;">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE OF PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>MULTIPLE COMPL <input type="checkbox"/></td> <td>CASING/CEMENT JOB <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> <td colspan="2">Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                               |                                                                                                                                                                                                                                                         | NOTICE OF INTENTION TO:                     |                              | SUBSEQUENT REPORT OF:       |                                             | PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTER CASING <input type="checkbox"/> | TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE OF PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> |           | Other: _____ |      | Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/> |      |        |      |     |   |      |      |      |   |  |      |    |   |          |      |       |       |       |    |     |   |      |      |      |   |  |      |    |   |          |      |          |      |   |    |      |   |       |     |      |   |  |      |    |   |          |        |             |       |     |      |      |       |       |     |      |   |  |      |   |   |
| NOTICE OF INTENTION TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                               | SUBSEQUENT REPORT OF:                                                                                                                                                                                                                                   |                                             |                              |                             |                                             |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |   |  |      |    |   |          |      |       |       |       |    |     |   |      |      |      |   |  |      |    |   |          |      |          |      |   |    |      |   |       |     |      |   |  |      |    |   |          |        |             |       |     |      |      |       |       |     |      |   |  |      |   |   |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PLUG AND ABANDON <input type="checkbox"/>                                                                                                                                     | REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                                                                  | ALTER CASING <input type="checkbox"/>       |                              |                             |                                             |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |   |  |      |    |   |          |      |       |       |       |    |     |   |      |      |      |   |  |      |    |   |          |      |          |      |   |    |      |   |       |     |      |   |  |      |    |   |          |        |             |       |     |      |      |       |       |     |      |   |  |      |   |   |
| TEMPORARILY ABANDON <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CHANGE OF PLANS <input type="checkbox"/>                                                                                                                                      | COMMENCE DRILLING OPNS. <input type="checkbox"/>                                                                                                                                                                                                        | PLUG AND ABANDON <input type="checkbox"/>   |                              |                             |                                             |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |   |  |      |    |   |          |      |       |       |       |    |     |   |      |      |      |   |  |      |    |   |          |      |          |      |   |    |      |   |       |     |      |   |  |      |    |   |          |        |             |       |     |      |      |       |       |     |      |   |  |      |   |   |
| PULL OR ALTER CASING <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MULTIPLE COMPL <input type="checkbox"/>                                                                                                                                       | CASING/CEMENT JOB <input type="checkbox"/>                                                                                                                                                                                                              |                                             |                              |                             |                                             |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |   |  |      |    |   |          |      |       |       |       |    |     |   |      |      |      |   |  |      |    |   |          |      |          |      |   |    |      |   |       |     |      |   |  |      |    |   |          |        |             |       |     |      |      |       |       |     |      |   |  |      |   |   |
| Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               | Other: <u>Drilling/Cement</u> <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.<br>MIRU, Spud 10/26/2018 . Drill 17.5" hole to 1160', run 13 5/8" csg, cement csg, NU BOP, pressure test annular (250/2500), all others (250/5000). Pressure test csg to 1500 psi for 30 min, 25 psi drop, test good. Drill 12 1/4" hole to 5320', run 9 5/8" csg, cement csg, pressure tests csg to 3000 psi for 30 min, 62 psi drop, test good. Drill 8 3/4" hole to 11490', run 7" csg, cement csg, pressure csg to 5500 psi for 30 min, 79 psi drop, test good. Drill 6 1/8" hole to 16854', run 4 1/2" csg, cement csg, pressure csg to 4700 psi for 30 min, held, test good. PU equipment, RDMO 1/17/2019. <b>10/26/2018</b> Spudded well.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               |                                                                                                                                                                                                                                                         |                                             |                              |                             |                                             |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |   |  |      |    |   |          |      |       |       |       |    |     |   |      |      |      |   |  |      |    |   |          |      |          |      |   |    |      |   |       |     |      |   |  |      |    |   |          |        |             |       |     |      |      |       |       |     |      |   |  |      |   |   |
| <b>Casing and Cement Program</b><br><table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Date</th> <th>String</th> <th>Fluid Type</th> <th>Hole Size</th> <th>Csg Size</th> <th>Weight lb/ft</th> <th>Grade</th> <th>Est TOC</th> <th>Dpth Set</th> <th>Sacks</th> <th>Yield</th> <th>Class</th> <th>1" Dpth</th> <th>Pres Held</th> <th>Pres Drop</th> <th>Open Hole</th> </tr> </thead> <tbody> <tr> <td>10/27/18</td> <td>Surf</td> <td>FreshWater</td> <td>17.5</td> <td>13.375</td> <td>54.5</td> <td>J55</td> <td>0</td> <td>1147</td> <td>1008</td> <td>1.72</td> <td>C</td> <td></td> <td>1475</td> <td>25</td> <td>N</td> </tr> <tr> <td>10/31/18</td> <td>Int1</td> <td>Brine</td> <td>12.25</td> <td>9.625</td> <td>40</td> <td>J55</td> <td>0</td> <td>5304</td> <td>1640</td> <td>2.32</td> <td>C</td> <td></td> <td>2938</td> <td>62</td> <td>N</td> </tr> <tr> <td>11/07/18</td> <td>Prod</td> <td>CutBrine</td> <td>8.75</td> <td>7</td> <td>29</td> <td>P110</td> <td>0</td> <td>11479</td> <td>880</td> <td>3.22</td> <td>C</td> <td></td> <td>5421</td> <td>79</td> <td>N</td> </tr> <tr> <td>01/14/19</td> <td>Liner1</td> <td>OilBasedMud</td> <td>6.125</td> <td>4.5</td> <td>13.5</td> <td>P110</td> <td>11106</td> <td>16845</td> <td>565</td> <td>1.22</td> <td>C</td> <td></td> <td>4700</td> <td>0</td> <td>N</td> </tr> </tbody> </table> |                                                                                                                                                                               |                                                                                                                                                                                                                                                         | Date                                        | String                       | Fluid Type                  | Hole Size                                   | Csg Size                                       | Weight lb/ft                              | Grade                                  | Est TOC                               | Dpth Set                                     | Sacks                                    | Yield                                            | Class                                     | 1" Dpth                                       | Pres Held                               | Pres Drop                                  | Open Hole | 10/27/18     | Surf | FreshWater                                                        | 17.5 | 13.375 | 54.5 | J55 | 0 | 1147 | 1008 | 1.72 | C |  | 1475 | 25 | N | 10/31/18 | Int1 | Brine | 12.25 | 9.625 | 40 | J55 | 0 | 5304 | 1640 | 2.32 | C |  | 2938 | 62 | N | 11/07/18 | Prod | CutBrine | 8.75 | 7 | 29 | P110 | 0 | 11479 | 880 | 3.22 | C |  | 5421 | 79 | N | 01/14/19 | Liner1 | OilBasedMud | 6.125 | 4.5 | 13.5 | P110 | 11106 | 16845 | 565 | 1.22 | C |  | 4700 | 0 | N |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | String                                                                                                                                                                        | Fluid Type                                                                                                                                                                                                                                              | Hole Size                                   | Csg Size                     | Weight lb/ft                | Grade                                       | Est TOC                                        | Dpth Set                                  | Sacks                                  | Yield                                 | Class                                        | 1" Dpth                                  | Pres Held                                        | Pres Drop                                 | Open Hole                                     |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |   |  |      |    |   |          |      |       |       |       |    |     |   |      |      |      |   |  |      |    |   |          |      |          |      |   |    |      |   |       |     |      |   |  |      |    |   |          |        |             |       |     |      |      |       |       |     |      |   |  |      |   |   |
| 10/27/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Surf                                                                                                                                                                          | FreshWater                                                                                                                                                                                                                                              | 17.5                                        | 13.375                       | 54.5                        | J55                                         | 0                                              | 1147                                      | 1008                                   | 1.72                                  | C                                            |                                          | 1475                                             | 25                                        | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |   |  |      |    |   |          |      |       |       |       |    |     |   |      |      |      |   |  |      |    |   |          |      |          |      |   |    |      |   |       |     |      |   |  |      |    |   |          |        |             |       |     |      |      |       |       |     |      |   |  |      |   |   |
| 10/31/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Int1                                                                                                                                                                          | Brine                                                                                                                                                                                                                                                   | 12.25                                       | 9.625                        | 40                          | J55                                         | 0                                              | 5304                                      | 1640                                   | 2.32                                  | C                                            |                                          | 2938                                             | 62                                        | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |   |  |      |    |   |          |      |       |       |       |    |     |   |      |      |      |   |  |      |    |   |          |      |          |      |   |    |      |   |       |     |      |   |  |      |    |   |          |        |             |       |     |      |      |       |       |     |      |   |  |      |   |   |
| 11/07/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Prod                                                                                                                                                                          | CutBrine                                                                                                                                                                                                                                                | 8.75                                        | 7                            | 29                          | P110                                        | 0                                              | 11479                                     | 880                                    | 3.22                                  | C                                            |                                          | 5421                                             | 79                                        | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |   |  |      |    |   |          |      |       |       |       |    |     |   |      |      |      |   |  |      |    |   |          |      |          |      |   |    |      |   |       |     |      |   |  |      |    |   |          |        |             |       |     |      |      |       |       |     |      |   |  |      |   |   |
| 01/14/19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Liner1                                                                                                                                                                        | OilBasedMud                                                                                                                                                                                                                                             | 6.125                                       | 4.5                          | 13.5                        | P110                                        | 11106                                          | 16845                                     | 565                                    | 1.22                                  | C                                            |                                          | 4700                                             | 0                                         | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |   |  |      |    |   |          |      |       |       |       |    |     |   |      |      |      |   |  |      |    |   |          |      |          |      |   |    |      |   |       |     |      |   |  |      |    |   |          |        |             |       |     |      |      |       |       |     |      |   |  |      |   |   |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                               |                                                                                                                                                                                                                                                         |                                             |                              |                             |                                             |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |   |  |      |    |   |          |      |       |       |       |    |     |   |      |      |      |   |  |      |    |   |          |      |          |      |   |    |      |   |       |     |      |   |  |      |    |   |          |        |             |       |     |      |      |       |       |     |      |   |  |      |   |   |
| <table style="width:100%;"> <tr> <td>SIGNATURE</td> <td><u>Electronically Signed</u></td> <td>TITLE</td> <td><u>Regulatory Compliance Representative</u></td> <td>DATE</td> <td><u>1/22/2019</u></td> </tr> <tr> <td>Type or print name</td> <td><u>Melissa Szudera</u></td> <td>E-mail address</td> <td><u>mszudera@marathonoil.com</u></td> <td>Telephone No.</td> <td><u>701-260-7272</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                               |                                                                                                                                                                                                                                                         | SIGNATURE                                   | <u>Electronically Signed</u> | TITLE                       | <u>Regulatory Compliance Representative</u> | DATE                                           | <u>1/22/2019</u>                          | Type or print name                     | <u>Melissa Szudera</u>                | E-mail address                               | <u>mszudera@marathonoil.com</u>          | Telephone No.                                    | <u>701-260-7272</u>                       |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |   |  |      |    |   |          |      |       |       |       |    |     |   |      |      |      |   |  |      |    |   |          |      |          |      |   |    |      |   |       |     |      |   |  |      |    |   |          |        |             |       |     |      |      |       |       |     |      |   |  |      |   |   |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>Electronically Signed</u>                                                                                                                                                  | TITLE                                                                                                                                                                                                                                                   | <u>Regulatory Compliance Representative</u> | DATE                         | <u>1/22/2019</u>            |                                             |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |   |  |      |    |   |          |      |       |       |       |    |     |   |      |      |      |   |  |      |    |   |          |      |          |      |   |    |      |   |       |     |      |   |  |      |    |   |          |        |             |       |     |      |      |       |       |     |      |   |  |      |   |   |
| Type or print name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Melissa Szudera</u>                                                                                                                                                        | E-mail address                                                                                                                                                                                                                                          | <u>mszudera@marathonoil.com</u>             | Telephone No.                | <u>701-260-7272</u>         |                                             |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |   |  |      |    |   |          |      |       |       |       |    |     |   |      |      |      |   |  |      |    |   |          |      |          |      |   |    |      |   |       |     |      |   |  |      |    |   |          |        |             |       |     |      |      |       |       |     |      |   |  |      |   |   |
| <b>For State Use Only:</b><br><table style="width:100%;"> <tr> <td>APPROVED BY:</td> <td><u>Paul F Kautz</u></td> <td>TITLE</td> <td><u>Geologist</u></td> <td>DATE</td> <td><u>1/22/2019 2:22:03 PM</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               |                                                                                                                                                                                                                                                         | APPROVED BY:                                | <u>Paul F Kautz</u>          | TITLE                       | <u>Geologist</u>                            | DATE                                           | <u>1/22/2019 2:22:03 PM</u>               |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |   |  |      |    |   |          |      |       |       |       |    |     |   |      |      |      |   |  |      |    |   |          |      |          |      |   |    |      |   |       |     |      |   |  |      |    |   |          |        |             |       |     |      |      |       |       |     |      |   |  |      |   |   |
| APPROVED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>Paul F Kautz</u>                                                                                                                                                           | TITLE                                                                                                                                                                                                                                                   | <u>Geologist</u>                            | DATE                         | <u>1/22/2019 2:22:03 PM</u> |                                             |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |   |  |      |    |   |          |      |       |       |       |    |     |   |      |      |      |   |  |      |    |   |          |      |          |      |   |    |      |   |       |     |      |   |  |      |    |   |          |        |             |       |     |      |      |       |       |     |      |   |  |      |   |   |

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
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**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

Comments  
  
Permit 262622

**DRILLING COMMENTS**

|                                                                                   |                          |
|-----------------------------------------------------------------------------------|--------------------------|
| Operator:<br>MARATHON OIL PERMIAN LLC<br>5555 San Felipe St.<br>Houston, TX 77056 | OGRID:<br>372098         |
|                                                                                   | Permit Number:<br>262622 |
|                                                                                   | Permit Type:<br>Drilling |

**Comments**

| Created By | Comment | Comment Date |
|------------|---------|--------------|
|------------|---------|--------------|

There are no Comments for this Permit