| Submit 1 Copy To Appropriate District Office <u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 | | | State of New Mexico Energy, Minerals and Natural Resources | | | | | NMOCD - REC'D 11/05/2020 Form C-103 Revised July 18, 2013 | | | |
|--|---------------------|-------------|---|----------------------|-----------------------------------|------------------|--|--|------------------------------------|----------------------------------|--|
| | | | | | | | | WELL API NO. 30-015-44490 | | | |
| | | | OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505 | | | | | 5. Indicate Type of Lease STATE ✓ FEE 6. State Oil & Gas Lease No. | | | |
| | ncis Dr., Santa Fe, | NM | | | | | | | | | |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK | | | | | | | 7. Lease Name or Unit Agreement Name RED LIGHT STATE COM 23 26 27 TB | | | | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-1 PROPOSALS.) | | | | | | OR SUC | CH | | 8. Well Number _{14H} | | |
| 1. Type of Well: Oil Well ☐ Gas Well ✓ Other 2. Name of Operator | | | | | | | | 9. OGRID Number | | | |
| Marathon Oil Permian LLC 3. Address of Operator | | | | | | | | 372098 10. Pool name or Wildcat | | | |
| 5555 San Felipe St., Houston, TX 77056 | | | | | | | | YARROW; BONE SPRING | | | |
| 4. Well Loca | ation t Letter | ٠ . | 301 | eet from the | NOR ⁻ | TH | line and | 754 | feet from the | EAST line | |
| Sect | | ·_ 27 | | Cownship | 23S R | ange | 26E | NMPM | County | ===: | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3285' GR | | | | | | | | | | | |
| 3203 GIV | | | | | | | | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | | | | | | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | | | | | | | OF· | | |
| | REMEDIAL WO | ORK 🗌 | PLUG AND | ABANDON ☐ REMEDIAL W | | | IEDIAL WOF | ORK ALTERING CASING | | | |
| - | | | | GE PLANS | | | | RILLING OPNS. P AND A | | | |
| | E COMMINGLE | _ | WOLTHEL | . COIVII L | | UAC | JING/CLIVILIN | 1 300 | Ш | | |
| | OP SYSTEM | | | | | OTI | IED. | т. | ubing Dotail | | |
| OTHER: | ribe proposed | or compl | eted operation | ons. (Clearly | y state all | OTF pertine | | | ubing Detail nent dates, includ | ing 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. 9/24/2020: Pull existing tubing and install 2 7/8" L80 tubing and gas lift valves. Set at 8,257'. Packer set at 8,250'. | | | | | | | | | | | |
| 9/24/2020: | Pull existing tur | oing and ir | ISTAII 2 1/6 L6 | o tubing and (| gas IIII vaivi | es. Set | at 8,257 . Pack | er set at 8,25 | O . | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | 7 | | ſ | | | | | |
| Spud Date: | 1 | 2/12/201 | 7 | Rig I | Release D | ate: | | 1/4/2016 | | | |
| Spud Date: | 1 | 2/12/201 | 7 | Rig I | Release D | ate: | | 1/4/2016 | | | |
| Spud Date: | | | | | | | my knowledg | | f. | | |
| I hereby certif | y that the info | | | and comple | te to the b | pest of | my knowledg rofessional | | 11/5/ | 2020 | |
| I hereby certif | y that the info | rmation a | above is true | and comple | te to the b | pest of a | rofessional | e and belief | DATE | | |
| I hereby certif | Ty that the info | | above is true | and comple | te to the b | pest of a | | e and belief | DATE | ['] 2020 13-296-3368 | |
| I hereby certif | Adrian Conly | rmation a | above is true | and comple | te to the b Regula A ail addres | pest of ratory P | rofessional | e and belief | DATE | | |