

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 87410  
 District IV – (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

RECEIVED  
 DEC 05 2019  
 OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.,  
 Santa Fe, NM 87505  
 DISTRICT ARTESIA O.C.D.

WELL API NO. 30-015-45344
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name RICK DECKARD 4 WA STATE
8. Well Number 2H
9. OGRID Number 372098
10. Pool name or Wildcat PURPLE SAGE; WOLFCAMP (GAS)

**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.)

1. Type of Well: Oil Well  Gas Well  Other

2. Name of Operator  
Marathon Oil Permian LLC

3. Address of Operator  
5555 San Felipe St., Houston, TX 77056

4. Well Location  
 Unit Letter C : 820 feet from the NORTH line and 1682 feet from the WEST line  
 Section 4 Township 25S Range 28E NMPM County EDDY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3001' GL

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

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

Started Frac Prep operations on 06/15/19 Completed well with hydraulic fracturing treatment and Plug and Perf operations. Total interval from 9634-14233, for a total of 552 shots Turn well to flowback on 07/13/19

**Does Not Meet OCD Requirements**  
*5/2" Casing Not Tested*

Spud Date: 4/2/2019

Rig Release Date: 6/9/2019

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

SIGNATURE *Adrian Covarrubias* TITLE Regulatory Professional DATE 8/19/2019

Type or print name Adrian Covarrubias E-mail address: acovarrubias@marathonoil.com PHONE: 713-296-3368

**For State Use Only**  
 APPROVED BY: **DENIED** TITLE **DENIED** DATE *GC 12/9/19*  
 Conditions of Approval (if any):