

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

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|--|
| WELL API NO.<br>30-015-32957   |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input type="checkbox"/>   |
| 6. State Oil & Gas Lease No.<br>NM-0251099A  |
| 7. Lease Name or Unit Agreement Name<br>Indian Basin   |
| 8. Well Number<br>Smith Federal 4  |
| 9. OGRID Number<br>14021   |
| 10. Pool name or Wildcat<br>Indian Basin   |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)   |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>                                 |
| Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ |
| Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____                                  |

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 Company

3. Address of Operator  
PO Box 3487 Houston, TX 77253

4. Well Location  
Unit Letter H : 1511 feet from the FNL line and 839 feet from the FEL line  
Section 11 Township 22S Range 23E NMPM County Eddy

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

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

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

| NOTICE OF INTENTION TO:                        |   | SUBSEQUENT REPORT OF:                            |  |
|--|---|--|--|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>           | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/> | P AND A <input type="checkbox"/>         |
| PULL OR ALTER CASING <input type="checkbox"/>  | MULTIPLE COMPL <input type="checkbox"/>   | CASING/CEMENT JOB <input type="checkbox"/>       |  |
| OTHER: <input type="checkbox"/>                |   | OTHER: TA <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.

RU and removed 7" 5,000# WHF. Set CIBP @ 7,485'. Tagged plug to ensure setting depth. Re-installed 7", 5,000# WHF. Load wellbore with 105# packer fluid. Tested Pressure to 600 psig @ surface to test CIBP and charted for 40 minutes with no visible bleed off. Bleed off pressure, rig down.

Ron Harvey was notified 3/28/08- gave verbal approval as he could not get to location to witness test.

ACCEPTED FOR RECORD

JUN 16 2008

Gerry Guye, Deputy Field Inspector  
NMOCD-District II ARTESIA

OCD approval conditional.  
Well must meet BLM  
Requirements and obtain  
Their approval.

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 ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Luigi Campos TITLE Assistant Reg Tech DATE 6/10/08

Type or print name  
**For State Use Only**

E-mail address:

Telephone No.

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of Approval (if any): \_\_\_\_\_

