Submit 3 Copies to Appropriate District Office

APPROVED BY MORE SCORE

CONDITIONS OF APPROVAL, IF ANY:
This Approval of Temporary
Abandonment Expires 2004

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DATE 4.7.99

OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. 30-015-21942 DISTRICT II Santa Fe, NM 87505 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE X STATE 🗌 **DISTRICT III** 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 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" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) Andrew Arnquest Estate Type of Well: ÖİL WELL X GAS WELL OTHER 2. Name of Operator 8. Well No. Marathon Oil Company 3. Address of Operator 9. Pool name or Wildcat P.O. Box 2490 Hobbs, NM 88240 Penasco Draw (YSRQSA) 4. Well Location 330 North 330 Unit Letter Feet From The Line and Feet From The 29 ship 18-s Range 26-E N
10. Elevation (Show whether DF, RKB, RT, GR, etc.) Eddy County GL 3422' KB 3436' 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB X OTHER: Request TA Status OTHER: 12. 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. Marathon Oil Company is requesting mechanical integrity test to be done 3/30/99 as per conversation with Gary Williams, OCD Representative. 128293037 RECEIVED OCD - ARTESIA I hereby certify that the information above is true and complete to the best of my know TITLE Records Processor SIGNATURE 3/29/99 DATE TYPE OR PRINT NAME Kelly Cook TELEPHONE NO. 393-7106 (This space for State Use)

TITLE Field Rep. II