Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

| Form C | 103 |
|-----------|--------|
| LOIM C | -103 |
| Revised | 1.1.80 |
| ILC I DCG | 1-1-0. |

| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. X PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB X | Marathon Oil Company | | | #1 | | | |
|--|---|---------------------------------------|--------------------------|-----------------------|-------------------|--|--------|
| 4. Well Location Unit Letter C 660 Feet From The NORTH Line and 1980 Feet From The MEST Line | _ | 02 | | | | RROW) | |
| 10. Elevation (Show whether PF, RKB, RT, GR, etc.) 3536 * G.L. 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PLUG AND ABANDON CHANGE PLANS CASING TEST AND CEMENT JOB COMMENCE DRILLING OPNS. 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. SEE ATTACHED FOR DETAIL 1. hereby certify that the information about true and complete to the best of my knowledge and belief. 1. SIGNATURE TITLE DRILLING SUPERINTENDENT DATE 4/9/98 TYPE OR PRINT NAME D. P. NORDT TELEPHONE NO. 915/687-8356 This space for State Use) ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR MAY 1.1 1998 | | Feet From The NORTH | Line and 19 | - | | | ine |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3536* G.L. 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK | Section 34 | Township 18-S | Range 28-E | NMPM | EDDY | Cour | ntv |
| Thereby centrity that the subgrimation above it true and complete to the best of any knowledge and belief. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK | | | ther DF, RKB, RT, GR, et | | | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK | 11. Check Appr | onrigte Roy to Indicate | | Report or (| Other Date | ////////////////////////////////////// | |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. X PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB X OTHER: OTHE | | - | 1 | - ' | | | |
| CASING TEST AND CEMENT JOB X OTHER: OTHER: OTHER: OTHER: DESCRIPTION: OTHER: OT | PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | | ALTERING C | ASING | |
| OTHER: OTHER: 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 ATTACHED FOR DETAIL SEE ATTACHED FOR DETAIL Thereby certify that the information about it true and complete to the best of my knowledge and belief. SIGNATURE TITLE DRILLING SUPERINTENDENT DATE 4/9/98 TYPE OR PRINT NAME D. P. NORDT TELEPHONE NO. 915/687-8356 IChis space for State Use) ONGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR | TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLING | OPNS. | PLUG AND A | BANDONMENT | |
| 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. SEE ATTACHED FOR DETAIL Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE DRILLING SUPERINTENDENT DATE 4/9/98 TYPE OR PRINT NAME D. P. NORDT TELEPHONE NO. 915/687-8356 (This space for State Use) ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR | | | | | | | |
| SEE ATTACHED FOR DETAIL Thereby certify that the information above a true and complete to the best of my knowledge and belief. SIGNATURE TITLE DRILLING SUPERINTENDENT DATE 4/9/98 TYPE OR PRINT NAME D. P. NORDT TELEPHONE NO. 915/687-8356 This space for State Use) ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR MAY 11 1998 | PULL OR ALTER CASING | | CASING TEST AND CE | EMENT JOB X | | | |
| Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE DRILLING SUPERINTENDENT DATE 4/9/98 TYPE OR PRINT NAME D. P. NORDT TELEPHONE NO. 915/687-8356 (This space for State Use) ORIGINAL SIGNED BY TIM W. GUN DISTRICT II SUPERVISOR | PULL OR ALTER CASING OTHER: | | | EMENT JOB X | | | |
| TITLE DRILLING SUPERINTENDENT DATE 4/9/98 TYPE OR PRINT NAME D. P. NORDT TELEPHONE NO. 915/687-8356 (This space for State Use) ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR TITLE DRILLING SUPERINTENDENT DATE 4/9/98 MAY 1 1 1999 | 12. Describe Proposed or Completed Operation work) SEE RULE 1103. | ons (Clearly state all pertinent d | OTHER: | | nated date of sta | arting any propo | osed . |
| DISTRICT II SUPERVISOR | 12. Describe Proposed or Completed Operation work) SEE RULE 1103. | ons (Clearly state all pertinent d | OTHER: | | | arting any propo | |
| <u> </u> | 12. Describe Proposed or Completed Operation work) SEE RULE 1103. SEE ATTACHED FOR DETAIL 1 hereby certify that the information above is true signature Type or Print Name D. P. NORDT | and complete to the best of my knowle | other: | ites, including estim | DATE | 4/9/98 915/687-83 | 356_ |