

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico  
Energy, Minerals and Natural Resources  
Oil Conservation Division  
1220 S. St Francis Dr.  
Santa Fe, NM 87505

QUESTIONS  
  
Action 373800

QUESTIONS

|                                                                                        |                                                   |
|----------------------------------------------------------------------------------------|---------------------------------------------------|
| Operator:<br>MARATHON OIL PERMIAN LLC<br>990 Town & Country Blvd.<br>Houston, TX 77024 | OGRID:<br>372098                                  |
|                                                                                        | Action Number:<br>373800                          |
|                                                                                        | Action Type:<br>[UF-FAC] TB Registration (TB-REG) |

QUESTIONS

|                                                       |                              |
|-------------------------------------------------------|------------------------------|
| <b>Facility Details</b>                               |                              |
| <i>Please answer all the questions in this group.</i> |                              |
| Name of the facility                                  | Gong Hefeweizen State CTB TB |
| Date the facility was opened                          | 06/21/2024                   |
| Depth to ground water, if known                       | Not answered.                |

  

|                                                                |    |
|----------------------------------------------------------------|----|
| <b>Verification</b>                                            |    |
| Does the operator have other facilities with a matching name   | No |
| Are there other facilites located within approximately 50 feet | No |

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ACKNOWLEDGMENTS  
  
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|                                     |                                                                                              |
|-------------------------------------|----------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | I certify that I am authorized to register a facility on behalf of the responsible operator. |
| <input checked="" type="checkbox"/> | I certify that I will notify OCD of any changes of ownership for this facility.              |
| <input checked="" type="checkbox"/> | I certify that I will notify OCD when this facility is closed.                               |