					REC'D NIMOC	עי	
Submit 1 Copy Office	To Appropriate Distri		State of Ivew Iviexies			Form C-103	
<u>District I</u> – (575) 393-6161			State of New Mexico Energy, Minerals and Natural Resources			Revised July 18, 2013	
1625 N. French District II – (57	Dr., Hobbs, NM 8824 5) 748-1283						
811 S. First St., Artesia, NM 88210			NSERVATIO		30-015-43959 5. Indicate Type of	of Lease	
District III – (505) 334-6178 1220 South St. Fra				STATE 5	✓ FEE □		
District IV - (50	<u>District IV</u> – (505) 476-3460 Santa Fe, NM 8/505				6. State Oil & Ga	s Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505					V037720003		
SUNDRY NOTICES AND REPORTS ON WELLS					7. Lease Name or	Unit Agreement Name	
(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.)					BLACK RIVER 15	BLACK RIVER 15 10 STATE COM X	
1. Type of Well: Oil Well Gas Well Other					8. Well Number	8. Well Number 4H	
2. Name of Operator Marathon Oil Permian LLC						9. OGRID Number 372098	
3. Address of Operator						10. Pool name or Wildcat	
5555 San Felipe St., Houston, TX 77056					PURPLE SAGE; W	/OLFCAMP (GAS)	
4. Well Location P 170 SOUTH 360 EAST							
	t Letter	:feet	from the	line and	feet from	n theline	
Sec	tion			lange 27E	NMPM	County EDDY	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3230' GL							
TEMPORAR PULL OR AL DOWNHOLE CLOSED-LC OTHER: 13. Desc of sta prope	NOTICE OF REMEDIAL WORK ILY ABANDON TER CASING COMMINGLE OOP SYSTEM ribe proposed or carting any proposed osed completion of cosed completion of the cosed cosed cosed completion of the cosed cosed completion of the cosed c	FINTENTION TO STATE TO THE PLUG AND ALCOHOLD T	O: BANDON NS DMPL (Clearly state all E 19.15.7.14 NMA)	SU REMEDIAL WO COMMENCE DI CASING/CEME OTHER: pertinent details, a	RILLING OPNS. ☐ NT JOB ☐ TUBING DE	PORT OF: ALTERING CASING P AND A TAIL s, including estimated date	
Spud Date:		7/2017	Rig Release I				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
SIGNATURE TITLE Regulatory Professional DATE 10/15/2020							
	Adrian Cov	arrubias		acovarruhiae@)marathonoil com	713-296-3368	
Type or print	name	arrabias	E-mail addre	SS:	PH	ONE:	
For State Use	e Only						
APPROVED	BY:	Colors	TITLE	Staff Man	ager da	TE 10/23/2020	

APPROVED BY: _______TITLE______
Conditions of Approval (if any):