

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, 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
Revised March 25, 1999

| |
|--|
| WELL API NO. 30-015-21438 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. NM-0556290 |
| 7. Lease Name or Unit Agreement Williamson Federal |
| 8. Well No. 4 |
| 9. Pool name or Wildcat Burton Flat East (Wolfcamp) |

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
P.O. Box 552, Midland, Tx 79702

4. Well Location

Unit Letter **F** : **1980** feet from the **North** line and **1980** feet from the **West** line

Section **15** Township **20-S** Range **29-E** NMPM **Eddy**
County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
GL 3295' KB 3313'

11. 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"/> PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| OTHER: <input type="checkbox"/> | OTHER: Recompletion <input checked="" type="checkbox"/> |

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

RU well service unit. POOH w/tubulars. RU wireline unit. Set CIBP @ 10,460' to Isolate Strawn perfs 10,476-10,620'. Dumped 35' of cement on CIBP. Perforated Wolfcamp w/4 SPF (48 holes) @ 9,432-44'. RD wireline unit. Set 4-1/2" retrievable packer @ 9,373' on production tubing. Swabbed 5 bbls oil & 45 bbls water in 14 runs over 6 hours. Acidized Wolfcamp 9,432-44' w/2500 gal 15% Ferchek SC. Flowed back 185 bbls water in 5 hours. RD well service unit. Returned well to production flowing from Wolfcamp.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Tim L. Chase TITLE **Advanced Engineer Technician** DATE **05-15-03**

Type or print name **Tim L. Chase** Telephone No. **915-687-8408**
(This space for State use)

APPROVED BY For record only
Conditions of approval, if any:

DATE **JUN 02 2003**

District I

1625 N. French Dr., Hobbs, NM 88240

District II

811 South First, 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 & Natural Resources DepartmentOIL CONSERVATION DIVISION
1220 South St. Francis Dr
Santa Fe, NM 87505Form C-102
Revised August 15, 2000Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

| | | |
|--|---|---|
| ¹ API Number 30-015-21438 | ² Pool Code | ³ Pool Name Delaware |
| ⁴ Property Code 6486 | ⁵ Property Name Williamson Federal | |
| ⁷ OGRID No. 14021 | ⁸ Operator Name Marathon Oil Company | |
| | | ⁶ Well Number 4 |
| | | ⁹ Elevation GL 3295' |

¹⁰ Surface Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|-----------|------------|------------|---------|---------------|------------------|---------------|----------------|-------------|
| F | 15 | 20S | 29E | | 1980' | North | 1980' | West | Eddy |

¹¹ Bottom Hole Location If Different From Surface

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| | | | | | | | | | |

| | | | |
|--|-------------------------------|----------------------------------|-------------------------|
| ¹² Dedicated Acres 40 | ¹³ Joint or Infill | ¹⁴ Consolidation Code | ¹⁵ Order No. |
|--|-------------------------------|----------------------------------|-------------------------|

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

| | |
|---|--|
| <p>Williamson Federal Lease 320 Acres</p> <p>Dedicated Acreage 40 Acres</p> | <p>¹⁷ OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <p>Signature _____ Printed Name Tim L. Chase</p> <p>Title Advanced Engineer Technician</p> <p>Date 5/16/03</p> |
| | <p>¹⁸ SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>Date of Survey _____ Signature and Seal of Professional Surveyor: _____</p> <p>Certificate Number John W. West 676 Ronald J. Eldson 3239 Gary L. Jones 7977</p> |