Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-44506
District III - (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPL	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	Black River 374 State 24 27 15 TB
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🔲 Other	8. Well Number 10H
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 7	7056	Willow Lake (West); Bone Spring
4. Well Location	271 South 1856	S West
Unit Letter	feet from the line and	feet from theline
Section 15	Township 24S Range 27E	NMPM County Eddy
	11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3223' GL	
12. Check	Appropriate Box to Indicate Nature of Notice, I	Report or Other Data
		•
PULL OR ALTER CASING		
CLOSED-LOOP SYSTEM		_
OTHER:	DITHER: pleted operations. (Clearly state all pertinent details, and	Live portinent detes, including estimated det
	rork). SEE RULE 19.15.7.14 NMAC. For Multiple Con	
proposed completion or re		
Marathon Oil Permian LLC. re a 5.5" production casing string	spectfully requests to remove the 7.00" production casing	string and 4.5" liner casing sting and use
Type Hole Size Casing Si Prod 8.75 5.5		acks of Cement Estimated TOC 85 2000
1100 0.70 0.0	20 13770 24	2000
Hole Section Mud System		NM OIL CONSERVATION
Prod Cut Brine		ARTESIA DISTRICT
		FEB 2 7 2018
_		RECEIVED
Spud Date: 2/22/2018	Rig Release Date:	
	Ng Kelease Date.	
I hereby certify that the information	above is true and complete to the best of my knowledge	e and belief.
	2	
SIGNATURE Jennifer Van (Urren SR. Regulatory Compliance	e Representative 02/27/2018 DATE
	uren jvancuren@mara E-mail address:	
Type or print name	E-mail address:	PHONE:
APPROVED BY: Aym	d gr. P. damy TITLE lone ologist.	DATE 2-23-2018
Conditions of Approval (if any):		