Form 3160-5 (March 2012)

(Instructions on page 2)

NM OIL CONSERVATION

ARTESIA DISTRICT

DEPARTMENT OF THE INTERIORPR 09 2018

FORM APPROVED OMB No. 1004-0137 Expires: October 31, 2014

5. Lease Serial No. NMNM25336

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

UNITED STATES

6. If Indian, Allottee or Tribe Name

SUBM	IT IN TRIPLICATE - Other	7. If Unit of CA/Agre	eement, Name and/or No.		
1. Type of Well					
☐ Oil Well ☐ Gas Well ☐ Other				8. Well Name and No. Jaguar 26 Federal #1	
2. Name of Operator Marathon Oil Permian, LLC			9. API Well No. 30-015-31566	9. API Well No. 30-015-31566	
3a. Address		3b. Phone No. (include area code,) 10. Field and Pool or	Exploratory Area	
5555 San Felipe Street Houston, Texas 77056		713-296-2423	Strycnine Draw; At	Strycnine Draw; Atoka/Strawn	
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)			11. County or Parish, State		
735' FNL & 660' FEL, Unit Letter 'A', Section 26, T-20S, R-21E			Eddy County, New Mexico		
12. CHE	CK THE APPROPRIATE BO	X(ES) TO INDICATE NATURE (OF NOTICE, REPORT OR OTH	HER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION				
▼ Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Production (Start/Resume) Reclamation	Water Shut-Off Well Integrity	
Subsequent Report	Casing Repair Change Plans	New Construction Plug and Abandon	Recomplete Temporarily Abandon	Other	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal	Change of Operator	
	Abandonment Notices must by final inspection.)	be filed only after all requirements,	including reclamation, have been		
CHANGE OF OPERATOR EF	FECTIVE JULY 1, 2017		WALL BY	OFFICA.	
FROM: BC OPERATING, INC. (160825) P.O.BOX 50820 MIDLAND, TX 79710		Carisbad Field Office OCD Artesia			
	RMIAN, LLC (372098) TREET				
BOND COVERAGE: BLM BO	57271 A	Accepted for record - NMOCD			
		'S ALL APPLICABLE TERMS, C EASED LAND OR PORTION T		IS, AND RESTRICTIONS	
14. I hereby certify that the foregoing is	true and correct. Name (Printed	d/Typed)			
Melissa Szi	udera	Title Reg	fulatory Con	upliance Rep	
Signature /		,	1/2017		
	THIS SPACE	FOR FEDERAL OR STA	TE OFFICE USE		
Approved by					
		Title		Date	
Conditions of approval, if any, are attache that the applicant holds legal or equitable entitle the applicant to conduct operations	title to those rights in the subject	not warrant or certify	j i manis		
Title 18 U.S.C. Section 1001 and Title 43 fictitious or fraudulent statements or repr			willfully to make to any department	ent or agency of the United States any false,	