Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR ISDAO FIELD Expires: BUREAU OF LAND MANAGEMENT ISDAO FIELD Expires: MMNM93771

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

SUNDRY NOTICES AND REPORTS ON WELLING

Do not use thi abandoned wel	s form for proposals to I. Use form 3160-3 (API	drill or to re- D) for such p	enter ad L roposals.		riesia	6. If Indian, Al	lottee or	Tribe Name
SUBMIT IN TRIPLICATE - Other instructions on page 2						7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well ☐ Gas Well ☐ Other						8. Well Name and No. SHUGART WEST 24 FEDERAL J 3		
Name of Operator Contact: JENNIFER VAN CUREN BLACK MOUNTAIN OPERATING LLCE-Mail: jvancuren@marathonoil.com					9. API Well No. 30-015-31581-00-S1			
3a. Address 500 MAIN STREET, SUITE 12 FORT WORTH, TX 76102	3b. Phone No. (include area code) Ph: 713-262-2500				10. Field and Pool or Exploratory Area SHUGART			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, State			
Sec 24 T18S R30E NWSE 2310FSL 1650FEL					EDDY COUNTY, NM			
12. CHECK THE AF	PROPRIATE BOX(ES)	TO INDICA	ΓΕ NATUI	RE O	F NOTICE, I	REPORT, OF	R OTH	ER DATA
TYPE OF SUBMISSION	SUBMISSION TYPE OF ACTIO					l		
☑ Notice of Intent	☐ Acidize	☐ Deep	Deepen		☐ Production	☐ Production (Start/Resume)		■ Water Shut-Off
_	■ Alter Casing	☐ Hydi	draulic Fracturing		□ Reclamation			■ Well Integrity
☐ Subsequent Report	□ Casing Repair	□ New	v Construction		□ Recomplete			Other
☐ Final Abandonment Notice	□ Change Plans	Plug	□ Plug and Abandon		□ Temporarily Abandon			ShutIn Notice
	Convert to Injection		Back			Disposal		
testing has been completed. Final At determined that the site is ready for final Marathon Oil Permian LLC is evaluate production capabilities.	inal inspection. requesting approval to SI	the well for 12	2 months i			, have b ee n com	pleted a	nd the operator has
						RECEIVED		
Accepted for record - NMOCD						MAY 2 3 2018		
OCD regrests no	tue as to	When 1	well i	s i	ahet c.		'II-AR'	TESIA O.C.D.
14. I hereby certily that the foregoing is	true and correct. Electronic Submission # For BLACK MOUN mitted to AFMSS for proc	ITAIN OPERA	ΠΝ΄G LLC,	sent to	o the Carlsba	ď		
Name(Printed/Typed) JENNIFER VAN CUREN			Title SR. REGULATORY COMPLIANCE REP					
Signature (Electronic S	ctronic Submission) /s/ Jonathon Shepard							
THIS SPACE FOR FEDERAL OR STATE OF FILE USER RECORD								
Approved By			Title					Date
Conditions of approval, if any, are attache certify that the applicant holds legal or equivilent would entitle the applicant to condition		Office		MAY 1	0 2018			

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowing band willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction CARLSBAD FIELD OFFICE