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,	DISTRICT II-ARTESIA O.C.D.				
Submit One Copy To Appropriate District Office	State of New Mexico			Form C-103	
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			Revised November 3, 2011 WELL API NO.	
District II 811 S. First St., Artesia, NM 88210	OIL CONCEDIATION DIVIDION			30-015-38504	
District III	1220 South St. Francis Dr.			5. Indicate Type of Lease STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505				& Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505					
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Na	ame 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.)				ROCK ISLAND 16 STATE	
1. Type of Well: Oil Well Gas Well Other				8. Well Number _{2H}	
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			ATOKA; GLORIETA-YESO		
4. Well Location Unit Letter D: 510 feet from the N line and 330 feet from the W line					
Section 16 Township 18S Range 26E NMPM County EDDY					
Section Township	11. Elevation (Show wh				
	· 	3382'			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INT	ΓENTION TO:		SUBS	SEQUENT	REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	日	REMEDIAL WORK	-	☐ ALTERING CASING ☐ '
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS MULTIPLE COMPL		COMMENCE DRIL CASING/CEMENT		
FULL ON ALTER CASING	WIOLTIFEE COWIFE	انا	CASING/CLIMENT	30 B	
OTHER:	1: :1.000				inspection after P&A
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.					
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the					
OPEDATOD NAME I FASE NAME WELL NUMBED ADLNUMBED OHADTED/OHADTED LOCATION OF					
<u>OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR</u>					
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.					
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and					
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment. Trash around location has been removed					
other production equipment. Trash around location has been removed No Change on head of the past of the Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.					
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with					
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location. The electric company has been contacted to remove electrical lines and power poles.					
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have					
to be removed.) Electric company has been contacted to remove underground electric lines. No Change					
All other environmental concerns have been addressed as per OCD rules. Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-					
retrieved flow lines and pipelines.	DCP has been contacte			All Huids no	ive been removed from non-
If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well					
location, except for utility's distribution infrastructure.					
When all work has been completed, return this form to the appropriate District office to schedule an inspection.					
SIGNATURE / ///	<u></u>	TITLE CT	R - Technician HES		DATE <u>2/5/2</u> 019
TYPE OR PRINT NAME Adrian Cov	arrubias	E-MAIL:	acovarrubias@mara	thonoil.com	PHONE: 713-296-3368
For State Use Only			DENIE	n	60
APPROVED BY:		TITLE	ط 2 اط ا <i>ل</i>		DATE 2/13/19