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Submit One Copy To Appropriate District Office	State of New Mexico			Form C-103		
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Netural Resources			Revised November 3, 2011 WELL API NO. 30-015-32570		
<u>District II</u> 811 S. First St., Artesia, NM 88210	District II 311 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION				/pe of Lease	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	District III 1220 South St. Francis Dr. HV. V. J.				FEE	
District IV Santa Fe, NM 8/505				6. State Oil &	Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505				VO-6377	i	
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Nam	ne 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.)				EL PRESIDEN		
1. Type of Well: Oil Well Gas Well Other				8. Well Numl	8. Well Number 2	
2. Name of Operator MARATHON OIL PERMIAN, LLC				9. OGRID No 372098	9. OGRID Number 372098	
3. Address of Operator				10. Pool name or Wildcat		
5555 SAN FELIPE ST, HOUSTON, TX 77056				BLACK RIVER ATOKA		
4. Well Location Unit Letter H: 1980 feet from the S line and 660 feet from the E line						
Section 2 Township 24S Range 27E NMPM County EDDY						
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3149' GR						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
NOTICE OF IN	ΓΕΝΤΙΟΝ ΤΟ:		SU	BSEQUENT	REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR					☐ ALTERING CASING ☐	
TEMPORARILY ABANDON					PANDA 🔲	
PULL OR ALTER CASING	MULTIPLE COMPL		CASING/CEME	NT JOB]	
OTHER:					nspection 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						
A steel market at least 4 in than	icter and at least + ao	ove ground	ic ver has been see	in concrete. It si	iows the	
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR						
UNIT LETTER, SECTION PERMANENTLY STAME				<u>ION HAS BEEN</u>	WELDED OR	
TERMANENTET STAM	ED ON THE MAKE	EK BBCK	PACE.			
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. 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. X All metal bolts and other materia	ls have been removed	Portable ba	ses have heen ren	noved (Poured or	nsite concrete bases do not have	
to be removed.)	is have been removed.	1 Ortable of	ises have been ren	iovea. (i ouiea oi	ishe concrete ouses do not have	
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.						
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_RE	GULATORY PRO	ESSIONAL	DATE 12/16/2019	
TYPE OR PRINT NAME Adrian Co	varrubias	E-MAIL:	acovarrubias@m	arathonoil.com	PHONE: 713-296-3368	
For State Use Only						
ADDROVED DV.	00	TITLE .	Staff		DATE /2/19/19	

Conditions of Approval (if any):

PECTA FORM

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