## **UNITED STATES** DEPARTMENT OF THE INTERIOR

JAN 1-7 2019

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

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                                               | I 5. Lease Serial No                                                                                          | 5. Lease Serial No.<br>NMLC029387B                        |  |
| SUNDRY NOTICES AND REPORTS ON WELLS.  Do not use this form for proposals to drill or to re-enter an III-ARTESIA O.C.C.  abandoned well. Use form 3160-3 (APD) for such proposals.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                               |                                                                                                               |                                                                                                               | 6. If Indian, Allottee 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  ☑ Oil Well ☐ Gas Well ☐ Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                               |                                                                                                               |                                                                                                               | 8. Well Name and No.<br>SHUGART WEST 19 FEDERAL 10        |  |
| Name of Operator Contact: MELISSA SZUDERA     MARATHON OIL PERMIAN LLC E-Mail: mszudera@marathonoil.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                                               | 9. API Well No.<br>30-015-3094                                                                                | 9. API Well No.<br>30-015-30946                           |  |
| 3a. Address<br>5555 SAN FELIPE ST<br>HOUSTON, TX 77056                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                               | 3b. Phone No. (include area code)<br>Ph: 713-296-3179                                                         | 10. Field and Pool or Exploratory Area SHUGART BONE SPRING NORTH                                              |                                                           |  |
| 4. Location of Well (Footage, Sec., T.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | )                                                                                                                             | 11. County or Parish, State                                                                                   |                                                                                                               |                                                           |  |
| Sec 19 T18S R31E Mer NMP NWNW 990FNL 990FWL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                               |                                                                                                               | EDDY COUNTY, NM                                                                                               |                                                           |  |
| 12. CHECK THE AF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PPROPRIATE BOX(ES)                                                                                                            | TO INDICATE NATURE O                                                                                          | F NOTICE, REPORT, OR (                                                                                        | OTHER DATA                                                |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TYPE OF ACTION                                                                                                                |                                                                                                               |                                                                                                               |                                                           |  |
| □ Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ☐ Acidize                                                                                                                     | □ Deepen                                                                                                      | ☐ Production (Start/Resume                                                                                    | e) Water Shut-Off                                         |  |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ☐ Alter Casing                                                                                                                | ☐ Hydraulic Fracturing                                                                                        | □ Reclamation                                                                                                 | ■ Well Integrity                                          |  |
| Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | □ Casing Repair                                                                                                               | ■ New Construction                                                                                            | □ Recomplete                                                                                                  | ☐ Other                                                   |  |
| ☐ Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ☐ Change Plans                                                                                                                | Plug and Abandon                                                                                              | □ Temporarily Abandon                                                                                         |                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Convert to Injection                                                                                                        | ☐ Plug Back                                                                                                   | ■ Water Disposal                                                                                              | ☐ Water Disposal                                          |  |
| If the proposal is to deepen directions Attach the Bond under which the wor following completion of the involved testing has been completed. Final Ab determined that the site is ready for fi MIRU 12-12-18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rk will be performed or provide<br>operations. If the operation re<br>pandonment Notices must be file                         | the Bond No. on file with BLM/BIA sults in a multiple completion or reco                                      | Required subsequent reports mu<br>impletion in a new interval, a Form<br>ing reclamation, have been completed | st be filed within 30 days<br>1 3160-4 must be filed once |  |
| 1) 12-13-2018 5-1/2 CIBP @ 1) 12-13-2018 5-1/2 CIBP @ 2) 12-18-2018 255x @ 7596 3 3) 12-19-2018 Tag TOC @ 55 Perf @ 2869' Press to 1500ps 4) 12-20-2018 Tag TOC @ 26 tag @ 650' Perf @ 100' Circ cr 5) 12-21-2018 Tag TOC @ 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PUH to 6008' spot 125 sx<br>90' Perf @ 4460' Press to<br>ispot 40sx @2919'.<br>12' Perf @ 1976' sqz 50s<br>nt to surf w/80sx. | o 1500pis s <u>pot 45sx @ 4560'</u><br>sx WOC <u>&amp; tag @ 1793</u> ' Perf @                                | WOC & tag @ 4261'  810' sqz 40sx WOC &                                                                        | F. 6.21-19                                                |  |
| P&A mud between all plugs.<br>Closed loop.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ao<br>C                                                                                                                       | rified cmt in & out. NUWH. RE                                                                                 | RECLA                                                                                                         | MATION PROCEDURE<br>ATTACHED                              |  |
| 14. I hereby certify that the foregoing is  Name(Printed/Typed) MELISSA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Electronic Submission # For MARATHO                                                                                           | 449093 verified by the BLM We<br>N OIL PERMIAN LLC, sent to the<br>for processing by JAMES AMC<br>Title REGUL | ne Carlsbad                                                                                                   | - 4.1.22-19 D                                             |  |
| Signature (Electronic S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date 01/07/2                                                                                                                  | 019                                                                                                           |                                                                                                               |                                                           |  |
| Accepted For Facor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | THIS SPACE FO                                                                                                                 | OR FEDERAL OR STATE                                                                                           | OFFICE USE                                                                                                    |                                                           |  |
| Approved By Lame                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | es a. am                                                                                                                      | Title Sc                                                                                                      | KT.                                                                                                           | 1-10-19<br>Date                                           |  |
| Conditions of approval of any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to conduct the applicant the applican | itable title to those rights in the                                                                                           |                                                                                                               | Isban                                                                                                         |                                                           |  |

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and 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.

## Additional data for EC transaction #449093 that would not fit on the form

## 32. Additional remarks, continued

All fluids to licensed facility.