Office Office	State of New Me			Form C-103	
<u>District 1</u> – (575) 393-6161	Energy, Minerals and Natu	ral Resources	WELL API	Revised July 18, 2013	-
1625 N. French Dr., Hobbs, NM 88240 District II (575) 748-1283	OH CONGERNATION DIVIDION		30-015-451		
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease		
<u>District III</u> - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE [		
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505		6. State Oi	I & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease N	ame or Unit Agreement Name	٦
(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.)			WHISTLE PIG 1 WA FEE		
1. Type of Well: Oil Well Gas Well  Other		8. Well Number 4H			
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			PURPLE SA	AGE; WOLFCAMP	ᅵ
4. Well Location Unit Letter	300 feet from the NORT	H line and	800 <u>f</u>	eet from theline	
Section 1	<del></del>	inge 28E	NMPM	County EDDY	
	11. Elevation (Show whether DR, 2913)		)		
	2913	GL			٢
12. Check A	Appropriate Box to Indicate N	ature of Notice,	Report or 0	Other Data	
NOTICE OF IN	ITENTION TO:	SUB	SEQUEN <sup>*</sup>	T REPORT OF:	
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR			☐ ALTERING CASING ☐		
TEMPORARILY ABANDON   CHANGE PLANS  COMMENCE DR					
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	т ЈОВ		
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM					
OTHER:		OTHER:			_
of starting any proposed wo	leted operations. (Clearly state all pork). SEE RULE 19.15.7.14 NMAC				te
proposed completion or rec	·				
Marathon Oil Permian LLC requests	s to change the Intermediate 1 casing we	eight/ft from 40# to 36#	ŧ.		
				RECEIVED	
				FEB 1 9 2019	
				DISTRICT II-ARTESIA O.C.D.	
Spud Date:	Rig Release Da	nte:			
·					
				<u></u>	
I hereby certify that the information	above is true and complete to the be	est of my knowledg	e and belief.		
SIGNATURE ALL	TITLE CTR -	Technician HES		DATE 2/12/2019	
		200//07/16/20	agrathanail ag		_
Type or print name  Adrian Covarrub	E-mail address	acovarrubias@n	iaramonoli.co	om 713-296-3368 PHONE:	_
For State Use Only		~			
APPROVED BY: Conditions of Approval (if any):	TITLE STA	# my		DATE 2/19/19	_
** ***					