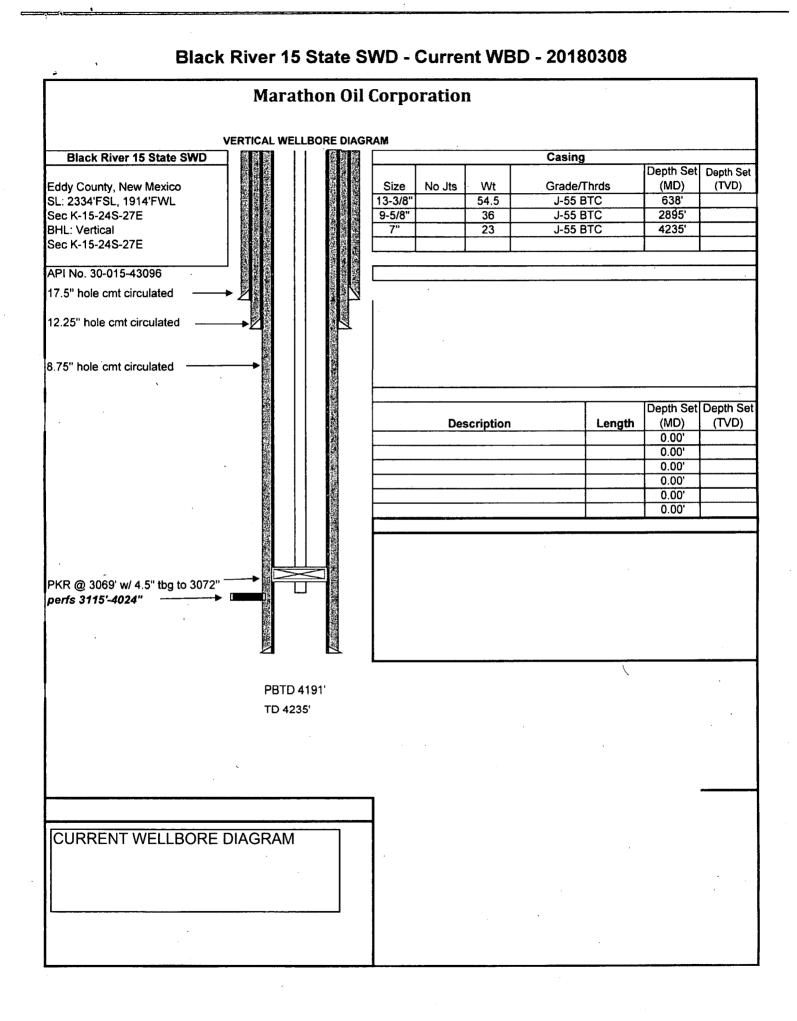
| Submit 1 Copy To Appropriate District Office | State of New Mexico | | | Form C-103 |
|---|---|------------------------------------|--|------------------------|
| District I - (575) 393-6161 | Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr. | | WELL API NO. | Revised July 18, 2013 |
| 1625 N. French Dr., Hobbs, NM 88240 District II (575) 748-1283 | | | 30-015-43096 5. Indicate Type of Lease | |
| 811 S. First St., Artesia, NM 88210 District III (505) 334-6178 | | | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 | Santa Fe, NM 87505 | | STATE FEE 6. State Oil & Gas Lease No. | |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | · · · · · · · · · · · · · · · · · · · | | 0. State On & Gas Ex | ase 110. |
| SUNDRY NOTI | CES AND REPORTS ON WELL | | 7. Lease Name or Un | it 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 | | Black River 15 State SWD | | |
| PROPOSALS.) 1. Type of Well: Oil Well | Gas Well 🔳 Other | | 8. Well Number 1 | |
| 2. Name of Operator Marathon Oil Permian LLC. | <u>.</u> | | 9. OGRID Number 372098 | |
| 3. Address of Operator | | ···· | 10: Pool name or Wi | dcat |
| 5555 San Felipe St, Houston, TX 77 | 056 | | SWD; Cherry Canyon | |
| 4. Well Location Unit Letter K 2 | 2334 South feet from the | line and | 14 feet from th | e West line |
| Section 15 | | ange 27E | | ounty Eddy |
| ter an an and the | 11. Elevation (Show whether Di | | | and the first for the |
| | 3219' | | Same Barris | |
| 12. Check A | Appropriate Box to Indicate 1 | Nature of Notice. | Report or Other Da | ta |
| | ••• | | • | ×. |
| | | | SEQUENT REPO | RTOF: TERING CASING |
| | CHANGE PLANS | | | |
| PULL OR ALTER CASING | | CASING/CEMEN | | |
| | . — | | | |
| CLOSED-LOOP SYSTEM | | | | - |
| OTHER: | | OTHER: Tempor | | × |
| | leted operations. (Clearly state all ork). SEE RULE 19.15.7.14 NMA ompletion. | | | |
| | fied the State 24 hr. prior to runnin O State Representative Dan Smolil | | | rmed on |
| | ninutes, end with 580 psi. Please s | · · · | - | |
| | infutes, end with 500 psi. Flease s | ee allacheu. | | |
| | • | | | RECEIVED |
| | Temporary Abandened Status approvad | | | |
| | unit 1-1-2023 | · • | | JUN 2 5 2019 |
| | NS. | | DIST | RICTII-ARTESIAO.C.D |
| · · · | | | | |
| | Rig Release D | Date: | | |
| Spud Date: 03/02/2017 | _ | | } | X |
| Spud Date: 03/02/2017 | 6 11 | 1 | | |
| Flast | Emeported inje | Jan, 2018- | F | |
| Spud Date: 03/02/2017 Clast hereby certify that the information a | above is true and complete to the | best of my knowled | fe and belief. | |
| Flast | | | ع and belief. DATE | 6/24/2019 |
| Hereby certify that the information a SIGNATURE Advian Covarrub | 7 | - Technician HES acovarrubias@r | · . | 713-296-3368 |
| hereby certify that the information a | 7TITLE | - Technician HES acovarrubias@r | DATE | 713-296-3368 E: |
| Hereby certify that the information a SIGNATURE Advian Covarrub | 7 TITLE CTR - ias E-mail addre | - Technician HES acovarrubias@r | DATE | 713-296-3368 |



State of New Mexico Energy, Minerals and Natural Resources Department

Michelle Lujan Grisham Governor

3

Sarah Cottroll Propet Cabinet Secretary Designate

Todd E. Leahy, JD, PhD Deputy Secretary Gabriel Wade, Acting Director Oil Conservation Division

Date: 6 - 20 -

API# 30-D15-413096



A Mechanical Integrity Test (M.I.T.) was performed on, Well Black Rive

_____M.I.T. Is successful, the original chart has been retained by the Operator on site. Send a legible scan of the chart with an attached Original C-103 Form indicating reason for the test, via post mall to District NMOCD field office. A scanned image will appear online via NMOCD website, www.emnrd.state.nm.us/ocd/OCDOnline.htm 7 to 10 days after postdating.

M.I.T. Is unsuccessful, the original chart is returned to the Operator. Repairs will be made, Operator is to schedule for a re-test within a 90-day period. If this is a test of a repaired well currently in non-compliance, all dates and requirements of the original are still in effect. No expectation of extension should be construed because of this test.

M.I.T. for Temporary Abandonment, shall include a detailed description on Form C-103, including the location of the CIBP and any other tubular goods in the well including the Operator's request for TA status timeline.

<u>M.I.T. is successful</u>, after the secondary request of a scheduled M.I.T. is performed. Therefore, Operator has within a 30-day period from the M.I.T. to submit a current C-103 along with a legible scan of the Chart, including a detailed description of the repair(s). Only after receipt of the C-103 will the noncompliance be closed.

M.I.T.**is successful**, Initial of an injection well, you must submit a **form C-103** to NMOCD within 30 days. A **C-103 form** must include a detailed description of the work performed on this well including the position of the packer, tubing information, the date of first injection, the tubing pressure and injection volume.

Please contact **Built Real at 575-748-1283 x109** for verification to ensure documentation requirements are in place prior to injection process.

If I can be of additional assistance, please feel free to contact me at (575) 748-1283 ext.

Thank You.

Dan Smolik, Compliance Officer EMNRD-O.C.D. District II – Artesia, NM

> 1220 South St. Francis Drive • Santa Fe, New Mexico 87505 Phone (505) 476-3460 • Fax (505) 476-3462 • www.emnrd.state.nm/us/ocd

