

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
 DISTRICT ARTESIA O.C.D.

WELL API NO. 30-015-45347
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name RICK DECKARD STATE 25 28 4 WXY
8. Well Number 6H
9. OGRID Number 372098
10. Pool name or Wildcat PURPLE SAGE; WOLFCAMP (GAS)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2999' GL

SUNDRY NOTICES AND REPORTS ON WELLS
 (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.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
Marathon Oil Permian LLC

3. Address of Operator
5555 San Felipe St., Houston, TX 77056

4. Well Location
 Unit Letter C : 820 feet from the NORTH line and 1652 feet from the WEST line
 Section 4 Township 25S Range 28E NMPM County EDDY

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> COMPLETIONS	
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13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Started Frac Prep operations on 06/15/19. Completed well with hydraulic fracturing treatment and Plug and Perf operations. Total interval from 9,610' - 14,165', for a total of 552 shots. Turn well to flowback on 07/13/19.

Does Not Meet OCD Requirements
Production Casings Not Tested
Well Name Changed

Spud Date: 4/3/2019

Rig Release Date: 5/1/2019

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Adrian Covarrubias* TITLE Regulatory Professional DATE 8/19/2019

Type or print name Adrian Covarrubias E-mail address: acovarrubias@marathonoil.com PHONE: 713-296-3368

For State Use Only
 APPROVED BY: **DENIED** TITLE **DENIED** DATE *GC 12/9/19*
 Conditions of Approval (if any):