

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

HOBBSOCD
 State of New Mexico
 Minerals and Natural Resources
 SEP 17 2018
 QHP CONSERVATION DIVISION
 RECEIVED
 1220 S. St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

<p style="text-align: center;">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.)</p> <p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p> <p>2. Name of Operator Marathon Oil Permian LLC</p> <p>3. Address of Operator 5555 San Felipe St., Houston, TX 77056</p> <p>4. Well Location Unit Letter <u>D</u> : <u>343</u> feet from the <u>NORTH</u> line and <u>1233</u> feet from the <u>WEST</u> line Section <u>15</u> Township <u>24S</u> Range <u>34E</u> NMPM County <u>LEA</u></p>	<p>WELL API NO. 30-025-43666</p> <p>5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/></p> <p>6. State Oil & Gas Lease No.</p> <p>7. Lease Name or Unit Agreement Name FLOWMASTER 24 34 15 SB</p> <p>8. Well Number 4H</p> <p>9. OGRID Number 372098</p> <p>10. Pool name or Wildcat RED HILLS, NORTH; BONE SPRING</p>
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3521' GR</p>	

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

<p style="text-align: center;">NOTICE OF INTENTION TO:</p> <p>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 type="checkbox"/></p>	<p style="text-align: center;">SUBSEQUENT REPORT OF:</p> <p>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: Completions <input checked="" type="checkbox"/></p>
---	---

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 07/21/18. Pressure test 5 1/2" casing to 9500 psi for 30 min, held, test good. Completed well with hydraulic fracturing treatment and Plug and Perf operations. Total interval from 11,122' - 15,652', for a total of 870 shots. Turn well to flowback on 08/27/18.
 Marathon Oil Permian LLC requests a tubing exception for this well.

Spud Date: 3/9/2018 Rig Release Date: 4/8/2018

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

SIGNATURE *A.C.* TITLE CTR - Technician HES DATE 9/10/2018

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

For State Use Only

APPROVED BY: *Karen Sharp* TITLE Staff Mgr DATE 9-18-18
 Conditions of Approval (if any):