

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease  
State  Fee   
5. State Oil & Gas Lease No.

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Maralo, Inc. <input checked="" type="checkbox"/>	8. Farm or Lease Name Pecos "16" State
3. Address of Operator P. O. Box 832, Midland, Texas 79702 0832	9. Well No. 2
4. Location of Well UNIT LETTER <u>K</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>16</u> TOWNSHIP <u>6-S</u> RANGE <u>26-E</u> N.M.P.M.	10. Field and Pool, or Wildcat Pecos Slope (Abo)
15. Elevation (Show whether DF, RT, GR, etc.) 3619.7 GR	12. County Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK   
TEMPORARILY ABANDON   
PULL OR ALTER CASING   
OTHER \_\_\_\_\_   
PLUG AND ABANDON   
CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK   
COMMENCE DRILLING OPNS.   
CASING TEST AND CEMENT JOB   
OTHER \_\_\_\_\_   
ALTERING CASING   
PLUG AND ABANDONMENT

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

2-18-84 Ran 23 jts. 9 5/8" 36# K-55 csg. set at 920'. Cemented w/600 sx HL cement w/10# gilsonite + 1/4# flocele + 2% CaCl<sub>2</sub> + 250 sx Class "C" cement w/2% CaCl<sub>2</sub>. Plug down 6:00. Cement did not circulate.

2-19-84 WOC 18 hours and ran temperature survey. TOC @ 340'. Ran 1" pipe outside 9 5/8" casing. Tagged @ 300'. Cemented with 100 sacks Class "C" cement. Cement circulated to surface. Circulation of cement witnessed by Mr. Weaver w/O.C.C. Tested casing to 1000 psi for 30 mins.

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

SIGNED Brenda Coffman TITLE Agent DATE 2-22-84

APPROVED BY \_\_\_\_\_ TITLE Original Signed By  
Leslie A. Clemens  
Supervisor District II DATE MAR 05 1984

CONDITIONS OF APPROVAL, IF ANY: