

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUMB  
OF COPIES REQUIRED  
(Other instructions on re-  
verse side)

BLM Roswell District  
Modified Form No.  
NM60-3160-4

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" for such proposals.)

RECEIVED

FEB 14 '90

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	3a. Area Code & Phone No. 915-684-7441	5. LEASE DESIGNATION AND SERIAL NO. NM-62998
2. NAME OF OPERATOR Maralo, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 832, Midland, Texas 79702		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL and 1980' FWL of Section 6		8. FARM OR LEASE NAME FEDERAL 6
		9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Undes. East Lake Morrow
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T-19-S, R-27-E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3273.6' GL	12. COUNTY OR PARISH Eddy
		13. STATE New Mex.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>

(Other)

Casing Test

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>

(Other)

Casing Test

X

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) \*

Spudded @ 12:00 a.m. 1/30/90.

1-31-90 Ran 8 jts. 13 3/8" J-55, 54.4# ST&C casing. Set @ 350'. Cemented w/350 sx Class C cement w/2% CaCl2. Circ. 90 sx to surface. WOC 26 hrs. Hole size 17 1/2"

2-6-90 Ran 54 jts. 8 5/8" casing. Set @ 2400'. Circ. 8 5/8" casing and cement w/1,150 sx HL cement w/1/4# flocele, + 2% CaCl2 + 400 sx Class C w/2% CaCl2. Cement circulated to surface. Witnessed by BLM. WOC 16 hrs. Tested casing to 1500 psi, ok. Hole size 12 1/4"

18. I hereby certify that the foregoing is true and correct

SIGNED Brenda Coffman

TITLE Agent

DATE 2-12-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side