| COLIU | 3-331 |
|-------|-------|
| (May  | 1963) |

TEST WATER SHUT-OFF

(Other)

## OF THE INTERIOR (Other instructions on reverse side) UNITED STATES

SURVEY N. M. A.

Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND STRIAL NO. IC 072015-C Cament

REPAIRING WELL

| GEO. GICAL SURVEY                       |  |  | - Inc              | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |  |
|---|--|--|--------------------|--------------------------------------|--|
| (Do not use this form for prot          | TICES AND REPORTS ON cosals to drill or to deepen or plug back CATION FOR PERMIT—" for such propos | to a different reservoir.                      | 6. IF INDIAN, ALLC | TILE OR TRIBEWNAME                   |  |
| OIL GAS WELL OTHER                      |  |  | 7. UNIT AGREEMEN   |                                      |  |
| NAME OF OPERATOR RECEIVE                |  |  |                    |                                      |  |
| MARALO, INC.                            |  |  | Hanson-            | Federal                              |  |
| . ADDRESS OF OPERATOR                   |  | SEP 1 7 1975                                   | 9. WELL NO.        |                                      |  |
| P. O. Box 832,                          | Midland, Texas 79701   | 3Lr I ( 10/0                                   | 1                  |                                      |  |
| See also space 17 below.)<br>At surface | clearly and in accordance with any Stat  | O. C. C.                                       |                    | ted<br>or blk. And                   |  |
| 660' from South and 19                  | 80' from West Lines Sect   | 1011 54  | SURVEY OR          | AREA                                 |  |
|   |  |  | Sec. 34, T-        | 20-S, R-27-E                         |  |
| 14. PERMIT NO.                          | 15. ELEVATIONS (Show whether DF, RT,   | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) |                    | 12. COUNTY OR PARISH 13. STATE       |  |
|   | 3229' DF   |  | Eddy               | New Mexico                           |  |
| 6. Check A                              | Appropriate Box To Indicate Natu   | re of Notice, Report, or                       | Other Data         |                                      |  |
| NOTICE OF INT                           | ENTION TO:   | SUBS   | EQUENT REPORT OF:  |                                      |  |

ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT SHOOTING OR ACIDIZING ABANDONMENT\* SHOOT OR ACIDIZE ABANDON\* Shut in well status CHANGE PLANS REPAIR WELL (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

PULL OR ALTER CASING

WATER SHUT-OFF

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.) \*

Well completed as a gas well. Back pressure tested 980 MCFPD 8/27-29/64. Well shut in waiting on a market for this gas. Workover planned in the near future for this well.



|  |                        | The Residence of the Second Se |
|--|------------------------|--|
| 8. I hereby certify that the foregoing is true and correct SIGNES (MICE TO JOHN TITLE Product  | ion Clerk              | DATE 9/11/75   |
| APPROVED BY CONDITIONS OF APPROVAL, IF ANY:  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:  BE PUT TO BENT TO BE | everse Side To Pape de | ner, connect<br>he for prediction  |