

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

CISF

Form C-103
Revised March 25, 1999

WELL API NO. 30-015-28931
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-5229-7
7. Lease Name or Unit Agreement Name: GR "30" STATE
8. Well No. 2
9. Pool name or Wildcat NASH DRAW; BRUSHY CANYON
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3124' GR

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator MARALO, LLC
3. Address of Operator P. O. BOX 832, MIDLAND, TX 79702
4. Well Location Unit Letter <u>F</u> : <u>1650</u> feet from the <u>NORTH</u> line and <u>2310</u> feet from the <u>WEST</u> line Section <u>30</u> Township <u>23S</u> Range <u>30E</u> NMPM <u>EDDY</u> County
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3124' GR

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

NOTICE OF INTENTION TO:

- ✓ PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

SEE ATTACHED SHEET.



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

SIGNATURE Dorothea Logan TITLE REGULATORY ANALYST DATE OCTOBER 25, 2001

Type or print name DOROTHEA LOGAN Telephone No. 915 684-7441

(This space for State use) ORIGINAL SIGNED BY TIM W. GUM

APPROVED BY District II Supervisor TITLE DISTRICT II SUPERVISOR DATE OCT 29 2001

Conditions of approval, if any: