Submit 3 Copies State of New Mexico Form C-103 Energy, Minerals and Natural Resources Department to Appropriate Revised 1-1-89 District Office DISTRICT I OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 30-045-28912 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE X STATE DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410 6. 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Shiotani Type of Well: OIL WELL X TTilM OTHER Name of Operator 8. Well No. Maralex Resources, Inc. 3. Address of Operator 9. Pool name or Wildcat P. O. Box 421, Blanco, NM 87412-0421 Basin Fruitalnd Coal 4. Well Location K : 1700 Feet From The South Unit Letter West Line and Feet From The Line 33 30N 12W San Juan Section Township Range **NMPM** 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5579' GR Checke Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: 5 1993 PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON IANGE PLANS COMMENCE DRILLING OPNS PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB | X OTHER: 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. Production Casing: TD @ 1782' on 1-03-93 Hole Size: 7 7/8" Casing: 42 Jts (1766') 5 1/2", 15.5#, J-55, Casing set @ 1777', Guide Shoe @ 1776', Float Collar @ 1731', 10 Centralizers @ 1757', 1715', 1631', 1547', 1463', 1379', 1295', 1211', 1127', & 1043'. Cement: 285 sx Pacesetter Lite w/6% gel & l/4 pps Cello-Seal (1.93 Yield/l18 cu ft) + 100 sx Class B w/1% CF-14 & .4% Thrifty Lite. Circ 22 bbls cement to surface. Bump Plug w/1200 psi. Plug Down @ 11:30 PM on 1-03-93. I hereby certify that the information above is true and complete to the best of my knowledge and belief. (915) 694-6107 1/20/93 Gamin a. Base SIGNATURE -

(This space for State Use)

TYPE OR PRINT NAME

AUTHOVED BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT =

TITLE

TIAN OF TOOT

TELEPHONE NO.