

DISTRICT I P.O. Box 1900, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Downing, DD, Artesia, NM 88210

DISTRICT III 1000 Rio Grande Rd., Aztec, NM 87410

WELL API NO. 30-025-27936

5. Indicate Type of Lease STATE FFB

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name AMOCO--STONE

8. Well No. 1

9. Pool name or Wildcat MEDICINE ROCK (DEVONIAN)

10. Elevation (Show whether LP, RKB, RT, QR, etc.) 3744' KB

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 O-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL GAS WELL OTHER

2. Name of Operator MARALO, INC.

3. Address of Operator P.O. BOX 832 MIDLAND, TEXAS 79702

4. Well Location Unit Letter G : 1500 Feet From The NORTH Line and 1980 Feet From The EAST Line Section 22 Township 15 S Range 38 E NMPM LEA County

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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.

8-16-94 Set CIBP @ 12,600' & spot 25 sxs on top
 8-16-94 Spot 25 sxs @ 8800' -- 8600'
 8-17-94 Spot 25 sxs @ 4930' - 4730'
 8-18-94 Spot 60 sxs @ 3926' - 3737' tag PULLED 3876' of 5 1/2" casing
 8-19-94 Spot 45 sxs @ 423' - 273'
 8-19-94 Spot 5 sxs @ surface

INSTALL DRY HOLE MARKER
 CIRCULATE HOLE WITH 10# mud

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

REGULATOR Dorothea Owens TITLE REGULATORY ANALYST DATE SEPT. 9, 1994

REGULATOR NAME DOROTHEA OWENS TELEPHONE NO. 915/684-7441

(This space for State Use)

APPROVED BY [Signature] TITLE OIL & GAS INSPECTOR DATE

CONDITIONS OF APPROVAL, IF ANY:

Handwritten mark or signature.

RECEIVED

SEP 12 1994

10/11/94