

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions on reverse side)

Approved  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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.)

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Maralo, Inc.

3. ADDRESS OF OPERATOR  
P. O. Box 832, Midland, Texas 79702 0832

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface 660' FWL & 1980' FNL Sec. 12, T22S, R32E  
*Unit E*

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3645.4

5. LEASE DESIGNATION AND SERIAL NO.  
85937

6. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_

7. UNIT AGREEMENT NAME  
Prohibition Federal Unit

8. FARM OR LEASE NAME  
Prohibition Federal Unit

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 12, T22S, R32E

12. COUNTY OR PARISH  
Lea

13. STATE  
New Mexico

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREAT	<input checked="" type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other)	<input type="checkbox"/>		

(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.)\*

Proposed Operation: Complete in Bone Springs

1. PU & TIH w/7" CIBP and set @ 11,500'. Cap w/35' cement.
2. TIH w/tbg open-ended to 9880'. "Pickle" tbg. by pumping 500 gals 15% NE HCl, double inhibited, acid to bottom of tubing then reverse out.
3. Spot 200 gals 10% NEFE w/.5% HF acid, double inhibited from 9880' to 9755'. TOH w/tbg.
4. RU perforators using decentralized 4" carrier guns, premium charges and shoot 1 JSPF @ 9845-9880' (36 total holes).
5. TIH w/tbg & 7" treating pkr to +/- 9700'. SET pkr.
6. Pump away spot acid.
7. Swab back load.
8. Acidize perms w/4,000 gals 10% NEFE HCl/.5% HF acid carrying +/- 70 ball sealers down tbg. at a rate of +/- 5 BPM w/an anticipated treating pressure of 3500 psi.
9. If additional treatment is warranted, TOH w/tbg. & pkr. and RU to frac down 7" csg.
10. Frac perms 9845-9880' w/42,500 gals 45# linear gel (3% HCl, 1/4% HF mixture) carrying 51,250# 61/20 mesh carbo-lite. Pump down casing @ +/- 35 BPM w/an anticipated treating pressure of 3200 psi (7,000 psi max.) as follows:
 

a) 10,000 gals treated water pre-pad	b) 15,000 gals gel pad
c) 2,500 gals gel + 1/2 ppg 16/20 Carbolite	d) 5,000 gals gel + 1 ppg 16/20 Carbolite
e) 10,000 gals gel + 2 ppg 16/20 Carbolite	f) 10,000 gals gel + 2 1/2 ppg 16/20 Carb.
g) Flush to top perf w/2% KCl	
11. Shut in to allow gel to break apprx. 4 hrs. Swab back load and evaluate.

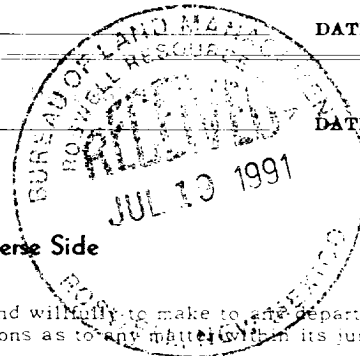
18. I hereby certify that the foregoing is true and correct

SIGNED Brenda Coffman TITLE Agent DATE 7-18-1991

(This space for Federal or State, office use)

APPROVED BY David R. Glass TITLE \_\_\_\_\_ DATE 7 19 1991

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side