

Submit to Appropriate District Office  
State Lease - 6 copies  
Fee Lease - 5 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-101  
Revised 1-1-89

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

**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD on New Wells)  
30025-25275

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.

**APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK**

1a. Type of Work:  
DRILL  RE-ENTER  DEEPEN  PLUG BACK

b. Type of Well:  
OIL WELL  GAS WELL  OTHER   
SINGLE ZONE  MULTIPLE ZONE

2. Name of Operator  
Maralo, Inc.

3. Address of Operator  
P. O. Box 832, Midland, TX 79702

4. Well Location  
Unit Letter H : 1650 Feet From The North Line and 330 Feet From The East Line  
Section 20 Township 9S Range 35E NMPM Lea County

7. Lease Name or Unit Agreement Name  
Bonds

8. Well No.  
1-1

9. Pool name or Wildcat  
undesignated (Devonian)

10. Proposed Depth  
12,660'

11. Formation  
Devonian

12. Rotary or C.T.  
Rotary

13. Elevations (Show whether DF, RT, GR, etc.)  
4160' GR

14. Kind & Status Plug. Bond  
Blanket

15. Drilling Contractor  
Sitton Drilling Co.

16. Approx. Date Work will start  
1-29-93

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15"	12 3/4"	35#	499'	525 sx	Surf
11"	8 5/8"	32#	4036'	1480 sx	Surf
7 7/8"	5 1/2"	17# & 20#	12660'	est. 1200 sx	circ to 8 5/8" csg

*No casing to be run in 10' Bond #1*

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE Dorothea Owens TITLE Regulatory Analyst DATE January 15, 1993

TYPE OR PRINT NAME Dorothea Owens TELEPHONE NO. 915 684-7441

(This space for State Use)  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JAN 29 1993

CONDITIONS OF APPROVAL, IF ANY:

**Permit Expires 6 Months From Approval Date Unless Drilling Underway.**

Submit to Appropriate  
District Office  
State Lease - 4 copies  
Fee Lease - 3 copies

State of New Mexico  
Bureau of Geology, Minerals and Natural Resources Department

Form C-102  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

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

**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240

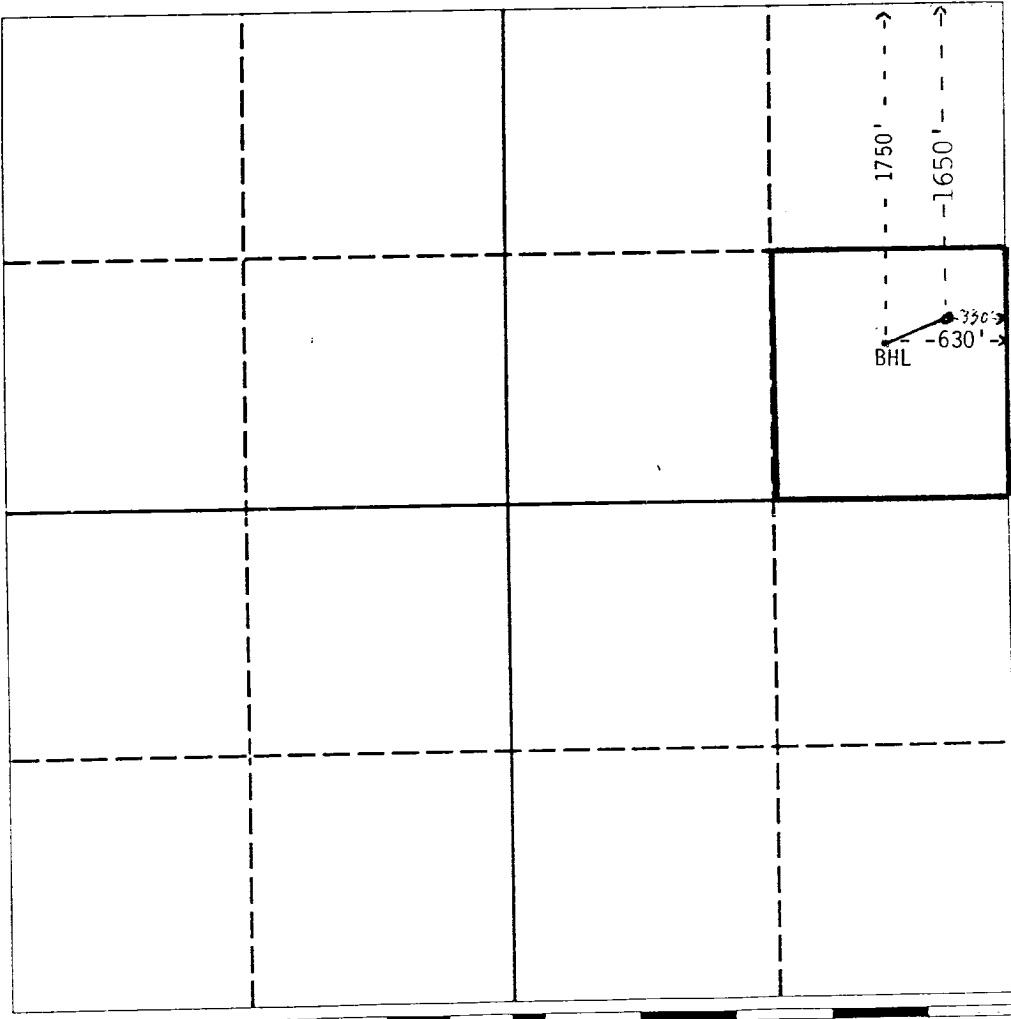
**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

All Distances must be from the outer boundaries of the section

Operator <b>Maralo, Inc.</b>		Lease <b>Bonds</b>		Well No. <b>1</b>
Unit Letter <b>H</b>	Section <b>20</b>	Township <b>9 South</b>	Range <b>35 East</b>	County <b>NMPM Lea</b>
Actual Footage Location of Well: <b>*BHL</b> <b>1650 feet from the North line and 330 feet from the East line</b>				
Ground level Elev. <b>4160.3</b>	Producing Formation <b>Devonian</b>	Pool <b>undesignated</b>	Dedicated Acreage: <b>40 Acres</b>	
<p>1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. <b>*BHL: 1750' FNL &amp; 630' FEL</b></p> <p>2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).</p> <p>3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?  <input type="checkbox"/> Yes    <input type="checkbox"/> No    If answer is "yes" type of consolidation _____          If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____          No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.</p>				



**OPERATOR CERTIFICATION**  
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature  
*Dorothea Owens*

Printed Name  
**Dorothea Owens**

Position  
**Regulatory Analyst**

Company  
**Maralo, Inc.**

Date  
**January 20, 1993**

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**SURVEYOR CERTIFICATION**  
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed \_\_\_\_\_

Signature & Seal of Professional Surveyor \_\_\_\_\_

Certificate No. \_\_\_\_\_

