

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)

30-025-32331

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

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

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

c. Name of Operator
 MARALO, INC.

d. Address of Operator
 P. O. BOX 832, MIDLAND, TX 79702

7. Lease Name or Unit Agreement Name

WILD TURKEY "10" STATE

8. Well No.
 1

9. Pool name or Wildcat
 LIVINGSTON RIDGE; DELAWARE E.

f. Well Location
 Unit Letter L : 1980 Feet From The SOUTH Line and 330 Feet From The WEST Line

Section 10 Township 22S Range 32E NMPM LEA County

10. Proposed Depth 9,000'
 11. Formation DELAWARE
 12. Rotary or C.T. ROTARY

13. Elevations (Show whether DF, RT, GR, etc.) 3792.4
 14. Kind & Status Plug. Bond BLANKET
 15. Drilling Contractor U.A.
 16. Approx. Date Work will start 01-01-94

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	54.5#	1100±	1000 SXS	CIRC TO SURF.
12-1/4"	8-5/8"	32.0#	4700±	1750 SXS	CIRC TO SURF.
7-7/8"	5-1/2"	17.0#	9000±	1000 SXS	4600'

- DRILL 17-1/2" HOLE TO 1100±. RUN 13-3/8" CSG TO T. D. CEMENT W/1000 SXS CLASS "C" 2% CACL. CIRCULATE CEMENT TO SURFACE.
- DRILL 12-1/4" HOLE TO 4700±. RUN 8-5/8" CSG TO T. D. CEMENT W/1750 SXS, 1500 SXS HOWCO LCM, TAIL IN W/250 SXS PREMIUM NEAT CEMENT. CIRCULATE TO SURFACE.
- DRILL 7-7/8" HOLE TO 9000±. LOG WELL, RUN 5-1/2" CSG TO T. D. CEMENT W/1000 SXS PREMIUM 50/50 POZ MIX AND CEMENT. BRING CEMENT BACK TO 4600' W/25% EXCESS.

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 NOVEMBER 24, 1993
 TYPE OR PRINT NAME DOROTHEA OWENS TELEPHONE NO 915 684-7441

(This space for State Use)

Orig. Signed by
Paul Kautz
 Geologist

APPROVED BY _____ TITLE _____ DATE DEC 18 1993

CONDITIONS OF APPROVAL, IF ANY:

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

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Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

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WELL LOCATION AND ACREAGE DEDICATION PLAT

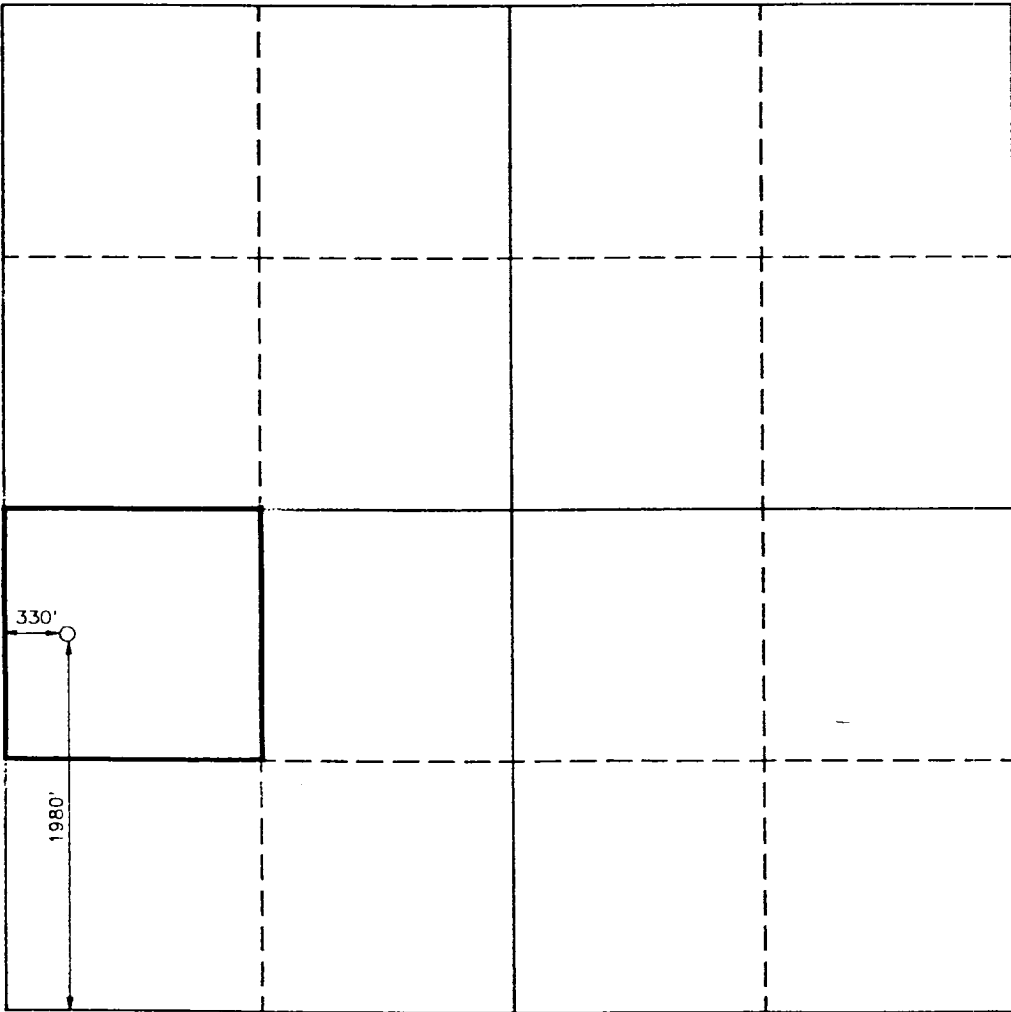
All Distances must be from the outer boundaries of the section

Operator MARALO, INC			Lease WILD TURKEY "10" STATE		Well No. 1
Unit Letter L	Section 10	Township 22 SOUTH	Range 32 EAST	NMPM	County LEA
Actual Footage Location of Well: 1980 feet from the SOUTH line and 330 feet from the WEST line					
Ground Level Elev. 3792.4'	Producing Formation LIVINGSTON RIDGE, EAST		Pool DELAWARE		Dedicated Acreage: 40 Acres

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- 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.?
 Yes No If answer is "yes" type of consolidation _____

If answer is "no" list of owners and tract descriptions which have actually been consolidated. (Use reverse side of this form necessary.) _____

No allowable will be assigned to the well unit all interests have been consolidated (by communitization, unitization, forced-pooling, otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify the 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
NOVEMBER 24, 1993

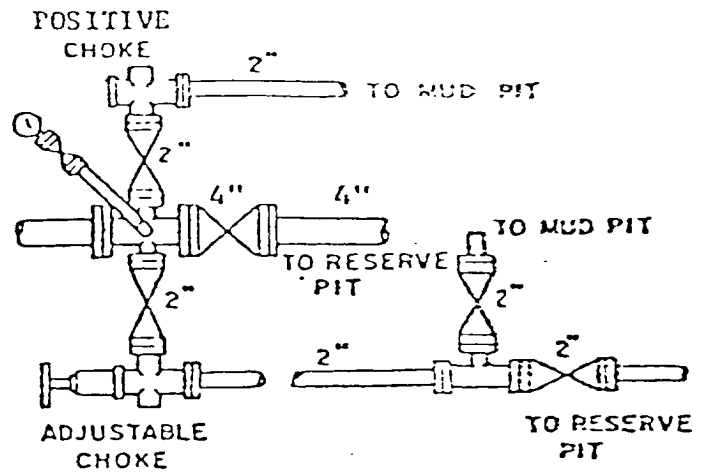
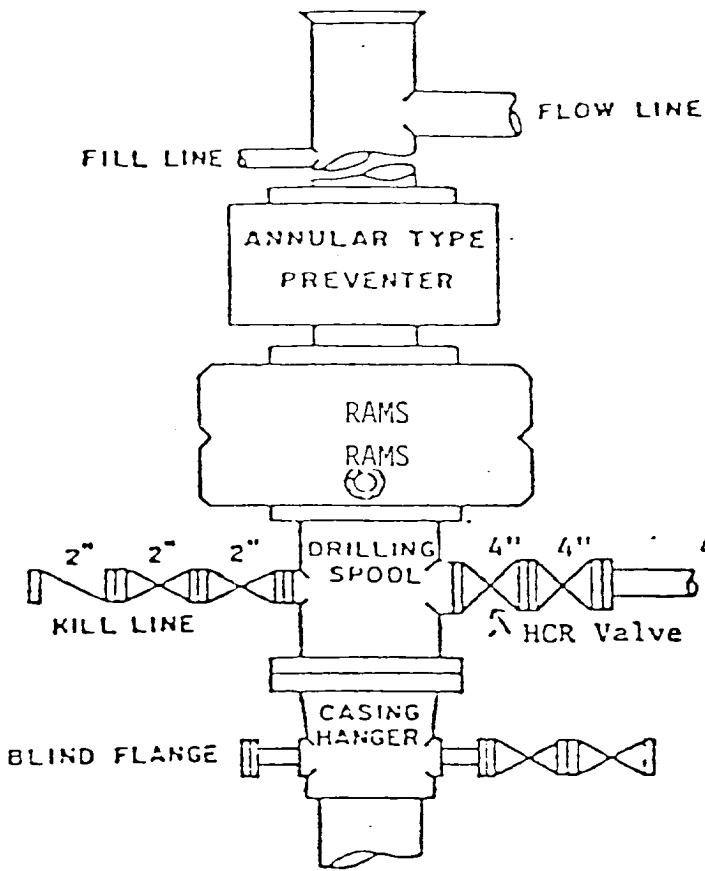
SURVEYOR CERTIFICATION

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
NOVEMBER 20, 1993

Signature & Seal of
Professional Surveyor

Certificate No.	JOHN W. WEST	678
	RONALD J. EMISON	3239
	GARY L. JONES	7977



BOP STACK

3000 PSI WORKING PRESSURE

BOP ARRANGEMENT