

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE*
(Other instructions re-
verse side)

Form 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.)

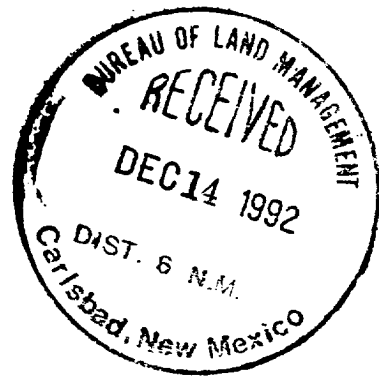
<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. NM-0889</p>
<p>2. NAME OF OPERATOR MARALO, INC.</p>		<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p>
<p>3. ADDRESS OF OPERATOR P.O. BOX 832 MIDLAND TX 79701</p>		<p>7. UNIT AGREEMENT NAME</p>
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1051.98/14 1651' FNL & 330' FWL, SEC 6, T-26-S, R-38-E, LANGLIE MATTIX FIELD, LEA COUNTY NEW MEXICO <i>Unit E</i></p>		<p>8. FARM OR LEASE NAME M.D. SELF</p>
<p>14. PERMIT NO.</p>		<p>9. WELL NO. 4</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.)</p>		<p>10. FIELD AND POOL, OR WILDCAT LANGLIE MATTIX 7 RIVERS ON</p>
<p>12. COUNTY OR PARISH LEA</p>		<p>11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA</p>
<p>13. STATE NM</p>		

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 type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)*

6-23-92 CIBP SET @3220 W/5 SX CMT
6-23-92 CUT 5-1/2 CSG @550'
6-23-92 100 SX CMT FROM 619'
6-23-92 TAG TOP OF CMT @218'
6-23-92 20 SX CMT 30' TO SURF.



Approval as to plugging of the well bore,
Liability under bond is retained until
surface restoration is completed.

*Contact Brenda Coffman
915 684-7441*

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

SIGNED *H. W. Parker* TITLE FIELD SUPERVISOR DATE 6-24-92

(This space for Federal or State office use)

APPROVED BY *Brenda Coffman* TITLE PETROLEUM SUPERVISOR DATE 1-6-93

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side