

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)

30-025-32332

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 ☐

7. Lease Name or Unit Agreement Name

WILD TURKEY "9" STATE

2. Name of Operator

MARALO, INC.

8. Well No.

1

3. Address of Operator

P. O. BOX 832, MIDLAND, TX 79702

9. Foot name or Wildcat

LIVINGSTON RIDGE; DELAWARE E.

4. Well Location

Unit Letter

I

1980

Feet From The

SOUTH

Line and

990

Feet From The

EAST

Line

Section

9

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.)

3801.5'

14. Kind & Status Plug. Bond

BLANKET

15. Drilling Contractor

U.A.

16. Approx. Date Work will start

12-15-93

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'

1. 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.

2. 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.

3. 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
Paul Kautz
Geologist

APPROVED BY

TITLE

DEC 08 1993

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

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

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P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

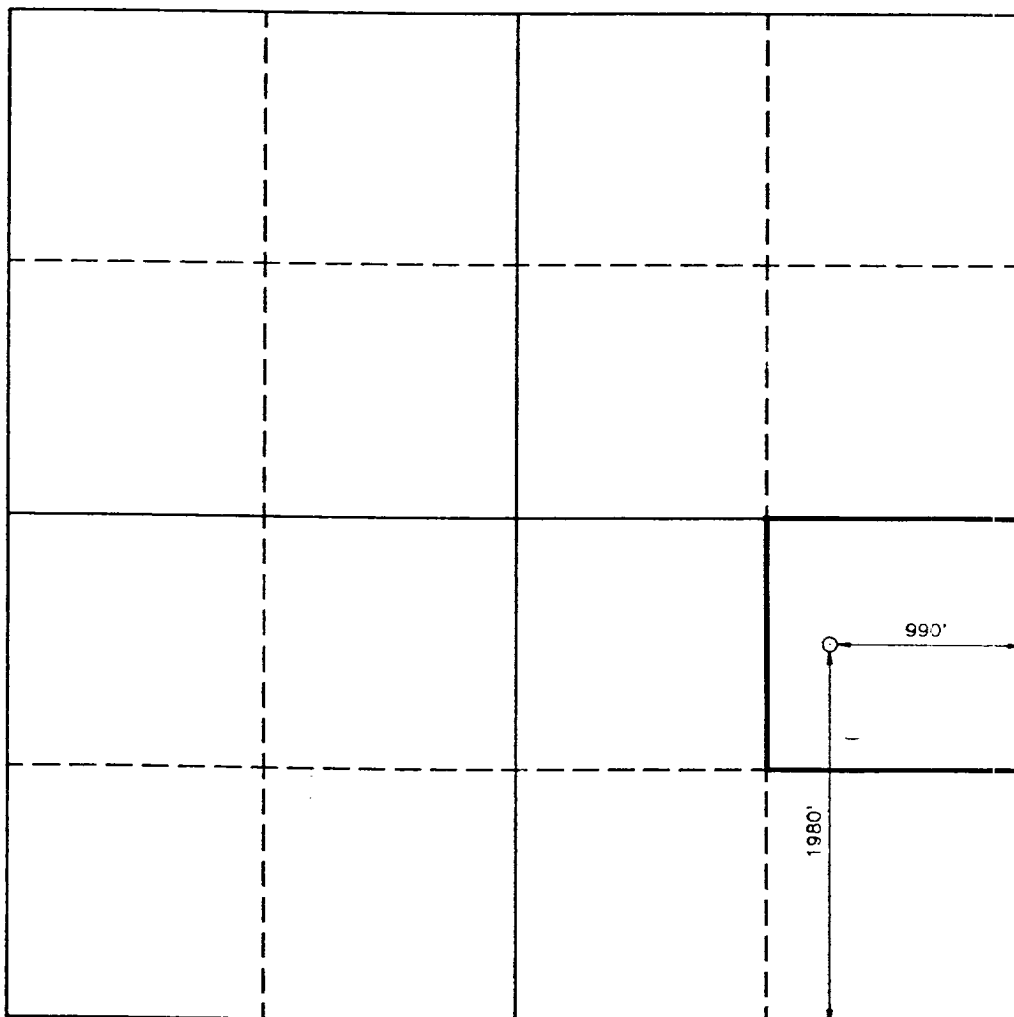
1000 Rio Brazos Rd., Artec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator MARALO, INC			Lease WILD TURKEY "9" STATE		Well No. 1
Unit Letter I	Section 9	Township 22 SOUTH	Range 32 EAST	NMPM	County LEA
Actual Footage Location of Well: 1980 feet from the SOUTH line and 990 feet from the EAST line					
Ground Level Elev. 3801.5'	Producing Formation LIVINGSTON RIDGE, EAST		Pool DELAWARE	Dedicated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
 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).
 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.?
☐ 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.

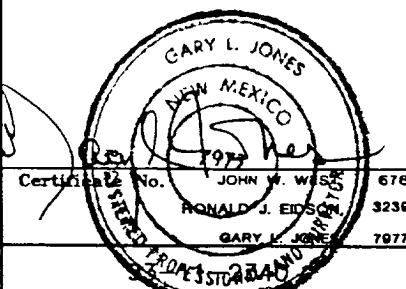
Date
NOVEMBER 24, 1993

SURVEYOR CERTIFICATION

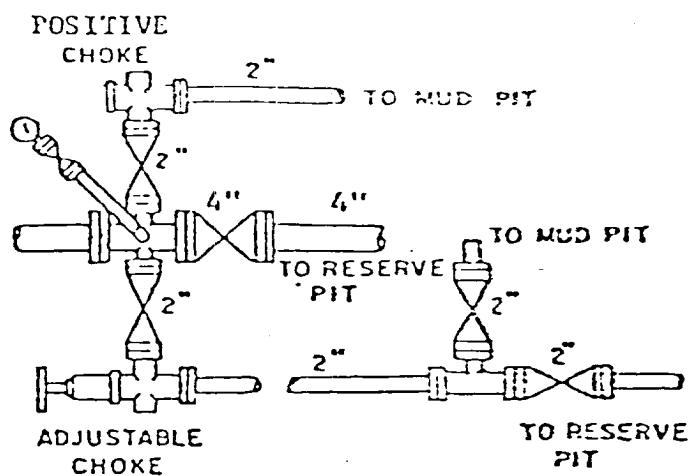
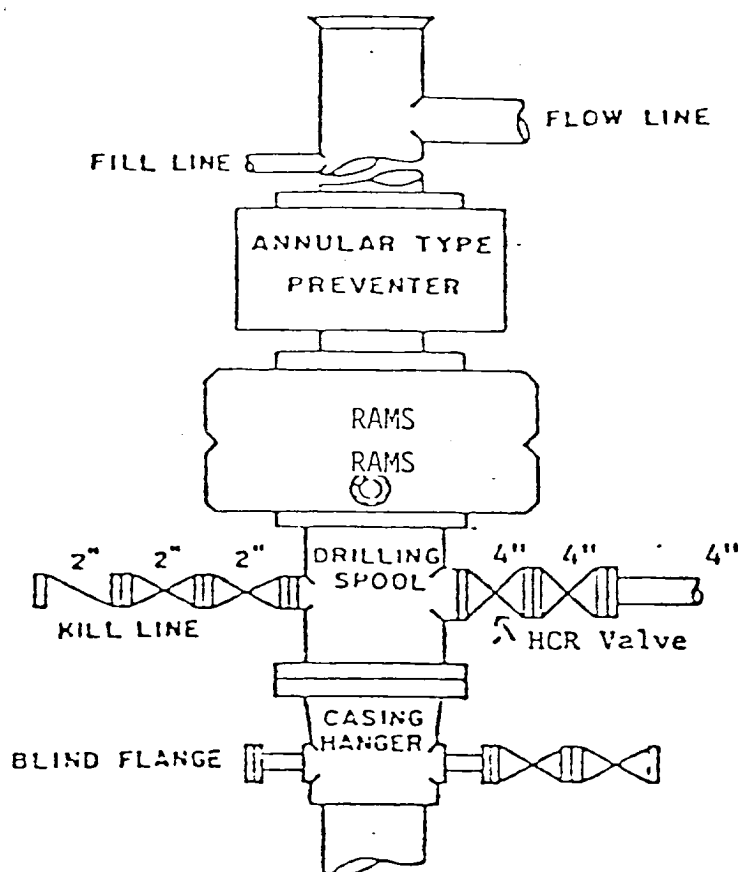
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
NOVEMBER 20, 1993

Signature & Seal of
Professional Surveyor



Certification No.	JOHN W. WICK	676
	RONALD J. EIDSON	3239
	GARY L. JONES	7977



BOP STACK

3000 PSI WORKING PRESSURE

BOP ARRANGEMENT