

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240DISTRICT II
P.O. Drawer DD, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-015-28712

5. Indicate Type of Lease

STATE ☒FEE ☐

6. State Oil & Gas Lease No.

E-1051-7

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"
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

MILLMAN "11" STATE

1. Type of Well:

OIL
WELL ☒GAS
WELL ☐

OTHER

2. Name of Operator

MARALO, INC.

8. Well No.

2

3. Address of Operator

P. O. BOX 832, MIDLAND, TX 79702

9. Pool name or Wildcat

MILLMAN; QU-GB-SA, EAST

4. Well Location

Unit Letter I : 2310 Feet From The SOUTH Line and 910 Feet From The EAST LineSection 11 Township 19S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3421'

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐CHANGE PLANS ☐PULL OR ALTER CASING ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☒OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

01/09/96 THROUGH 01/30/96 RIG PROBLEMS

01/31/96 CEMENT 5-1/2" CSG. CIRC & WASHED TO BOTTOM 2927', CIRCULATE HOLE CLEAN. RU 5-1/2" CSG TOOL & RUN 72 JTS 5-1/2" CSG & RU HOWCO. CEMENT 5-1/2" CSG W/150 SXS CL. "C" CEMENT W/.3% HALAD 23 + 5# KCL + 175 SXS HALCO LIGHT CEMENT W/1/4# FLOCELE, 5# GILSONITE.

02/01/96 WO COMPLETION. JET STEEL PITS, ND BOP. SET 5-1/2" CSG SLIPS & NU WELLHEAD.

RECEIVED

FEB 6 1996

OIL CON. DIV.
DIST. 2

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

SIGNATURE Dorothea Logan TITLE REGULATORY ANALYST DATE FEBRUARY 5, 1996TYPE OR PRINT NAME DOROTHEA LOGANTELEPHONE NO. (915) 684-7441

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISORAPPROVED BY _____ TITLE _____ DATE FEB 12 1996

CONDITIONS OF APPROVAL, IF ANY: