

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

# OIL CONSERVATION DIVISION

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

WELL API NO.  
**30-015-28183**

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

**KEYSTONE**

8. Well No.

**4**

9. Pool name or Wildcat

**BURTON FLAT; BONE SPRING (ASSOC.)**

## 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.)

1. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator

**MARALO, INC.**

3. Address of Operator

**P. O. BOX 832, MIDLAND, TX 79702**

4. Well Location

Unit Letter **F** : **1650** Feet From The **NORTH** Line and **1980** Feet From The **WEST** Line

Section **32** Township **20S** Range **28E** NMPM **EDDY** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
**3211'**

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: **IMPLEMENTATION OF COMMINGLING PROCESS** ☒

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.

IN ACCORDANCE WITH COMMINGLING ORDER CTB-436, AND IN COMPLIANCE WITH OCD RULE 303, COMMINGLING OF PRODUCTION FROM THE HONDO STATE COM #1 LEASE AND THE KEYSTONE #4 LEASE IN THE BURTON FLAT; BONE SPRING (ASSOCIATED -96241) COMMENCED IN AUGUST, 1996.

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 **09/24/96**

TYPE OR PRINT NAME **DOROTHEA LOGAN**

TELEPHONE NO. **915-684-7441**

(This space for State Use)

**ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE **OCT 1 1996**

CONDITIONS OF APPROVAL, IF ANY: