

45F
Up

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-015-27048

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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

Little Bear State Unit

1. Type of Well:

OIL WELL ☐ GAS WELL ☐ OTHER DRY

2. Name of Operator

Maralo, Inc.

3. Address of Operator

P. O. Box 832, Midland, TX 79702

4. Well Location

Unit Letter J : 2110 Feet From The East Line and 2460 Feet From The South Line

Section 18 Township 24S Range 25E NMPM Eddy County

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

4068.5' GL

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.

Proposed Operation: Plug & Abandon

1. Notify New Mexico Conservation Commission.
2. RUPU TOH w/tbg.
3. RU Wireline. TIH w/CIBP and set +/-3900'. Cap w/35' cmt.
4. Circ hole with 10.0# mud ladden fluid.
5. RIH w/tbg. Spot 25 sx cmt. plug inside 5-1/2" csg 2140-2240'. (746) 650'
6. Pull hole with tubing. Spot 25 sx cmt plug inside 5-1/2" csg @ 529-629'. (746)
7. Set 5 sx surface plug, cut off csg, remove wellhead and install dry hole marker.

8. 25 sx @ 3530'. TO COVER DV TOOL.
9. 25 sx @ 1120'. TO COVER REEF TOP.
10. AND BETWEEN ALL PLUGS

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 June 25, 1993

TYPE OR PRINT NAME Dorothea Owens TELEPHONE NO. (915) 684-7441

(This space for State Use)

APPROVED BY [Signature] TITLE GEOLOGIST DATE 7-12-93

CONDITIONS OF APPROVAL, IF ANY:

WITNESSES [Signature] [Signature]

PLUGGING