Submit 3 Copies to Appropriate District Office	State of New Mexico En Minerals and Natural Resources Department		Form C-103 Revised 1-1-89
			WELL API NO.
<u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		30-015-27048 5. Indicate Type of Lease
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410		RECEIVED	STATE XX FEE
· · · · · · · · · · · · · · · · · · ·		<u>. P 2 1 1993</u>	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR REVOR BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit Agreement Name
1. Type of Well: OIL VY OAS			
2. Name of Operator	OTHER	Little Bear State Unit 8. Well No.	
Maralo, Inc. 3. Address of Operator			1 9. Pool name or Wildcat
$D = 0$ $D_{} = 0.20$ $W(11) = 1$ my 70700			Wildcat (Delaware)
	110 Feet From The East	Line and2	2460 Feet From The <u>South</u> Line
18 11. Check NOTICE OF IN	Township 24S Rang 10. Elevation (Show whether Di 4068.5' GL Appropriate Box to Indicate Na FENTION TO:	r, RKB, RT, GR, etc.) ature of Notice, R	
		REMEDIAL WORK	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDON			GOPNS. DE PLUG AND ABANDONMENT
PULL OR ALTER CASING			
OTHER:		OTHER:	
 work) SEE RULE 1103. Operation: Plug & A 9-10-93 Start out o Installed CIBP. GIH Pumped 10 sxs. cemt Pumped #10 mud laden cover DV tool. Pump @2270' to cover 8-5/ NMOCD rep. wants to 9-13-93 GIH w/66 jt POH to 1120'. Pumpe attend-permission to Pumped 25 sxs cemt p 	f hole w/122 jts 2-7/8" PU 3 jts. Set plug @ on top of CIBP (101'). fluid. LD 8 jts. tbg. ed 10# mud laden fluid. 8" & 5-1/2" csg. Pumped tag plug @ 2270'. WOC. s 2-7/8" tbg. Tag top of d 25 sxs cemt plug @ 1120 continue granted. Pump- lug @ 650'. POH. LD 20 r. Cut off wellhead. In:	tbg. Talley of 3887'. Pumpe NMOCD rep. M Pumped 25 sxs LD 40 jts. F 10# mud lader f plug @ 2035' 0' to cover re ed 10# mud lad jts 2-7/8" tg.	out of hole w/3782' pipe. ed 10# mud laden fluid. M. Stubblefield present. s cemt plug @ 3530' to
I hereby certify that the information above is tru	e and complete to the best of my knowledge and bel		
SIGNATURE Signather	Clubu me	Regulatory	r _{DATE} <u>September 20,</u> 1993
TYPE OR PRINT NAME Dorothea	Owens		<u>телерноне но. (915) 684</u> —744
(This space for State Use)			
APPROVED BY	πιε		DATE
CONDITIONS OF APPROVAL, IF ANY:			