

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240DISTRICT II
P.O. Drawer DD, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO.

30-015-27048

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

N/A

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

1. Type of Well:

OIL
WELL ☐GAS
WELL ☒

OTHER

DRY

LITTLE BEAR STATE UNIT

2. Name of Operator

MARALO, INC. ✓

3. Well No.

1

3. Address of Operator

P.O. BOX 832, MIDLAND, TX 79702-0832

9. Pool name or Wildcat

WILDCAT (DELAWARE)

4. Well Location

Unit Letter J 2110 Feet From The EAST Line and 2460 Feet From The SOUTH LineSection 18 Township 24S Range 25E NMPM EDDY County

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

4068.5 G.L.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐REMEDIAL WORK ☐ALTERING CASING ☐TEMPORARILY ABANDON ☐CHANGE PLANS ☐COMMENCE DRILLING OPNS. ☐PLUG AND ABANDONMENT ☒PULL OR ALTER CASING ☐CASING TEST AND CEMENT JOB ☐OTHER: ☐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.

9/09/93 1) NOTIFY NMOCD (JOHNNY ROBINSON)

9/10 2) SET HMCIBP ON TUBING @ 3887'

9/10 3) CIRC. HOLE W/10# MLF.

9/10 4) SPOT 10 SX CMT. ON TOP OF BP 2887'-3787'.

9/10 5) SPOT 25 SX CMT. @ 3532'.

9/10 6) SPOT 25 SX CMT. @ 2270'. TAG PLUG @ 2035' on 9/11/93.

9/13 7) SPOT 25 SX CMT. @ 1120'.

8) SPOT 25 SX CMT. @ 650'. DIDN'T TAG AS PER NMOCCD (MIKE STUBBLEFIELD).

9) SPOT 10 SX CMT. 30'-SURFACE.

10) CUT OFF WELLHEAD. WELD ON PLATE & INSTALL DRY HOLE MARKER. COMPANY REPRESENTATIVE SAID MARALO., INC. WILL CLEAN LOCATION.

Post ID 2
10-22-93
PVA

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

SIGNATURE

TITLE FIELD SUPERVISOR

DATE 9/13/93

TYPE OR PRINT NAME

ROLAND JUDSON-- CARR WELL SERVICE, INC.

(915) 362-4324

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

1-26-94

CONDITIONS OF APPROVAL, IF ANY:

checked
clean up
OK