Form 3160-5 (August 1999)

UNI7 LL STATES DEPARTMENT OF THE INTERIOR

4.M. Oil Cons. Division 311 S. 1st Street Artesia, NM 88210-2834

FORM APPROVED OMB No. 1004-0135 Expires November 30, 2000

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SUNDRY NOTICES AND REPORTS ON WELLS			5. Lease Serial No.4					
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.					6. If Indian, Allottee or Tribe Name			
	IPLICATE - Other instru	uctions on r	everse sid ୍ୟୁରୁ ଓ 10 m	9	7. If Unit	or CA/Agreemen	nt, Name and/or No.	
1. Type of Well		/3	Se ,	'J'				
🔼 Oil Well 🔲 Gas Well 🗔	Other	/n/x		ত <u>্</u> ড		ame and No.		
2. Name of Operator V		12	D RE	677	<u> </u>	ITI "8" FEI	DERAL #2	
MARALO, LLC			<u> </u>		9. API W			
3a. Address			o. (include area	code)		15-28618		
P. O. BOX 832, MIDLAN			684-7441	<u>&</u>		nd Pool, or Expl	•	
4. Location of Well (Footage, Sec. 660' FNL & 1980' FWL,	SECTION 8, T24S, R29E	/ <	- 	15 15 15 15 15 15 15 15 15 15 15 15 15 1		AGA; DELAWAI or Parish, State		
			* * * *		EDDY	/, NM		
12. CHECK AP	PROPRIATE BOX(ES) T	O INDICATE	NATURE C	OF NOTICE, F	REPORT, O	R OTHER D	ATA	
TYPE OF SUBMISSION			TYPE C	F ACTION				
_	Acidize	Deepen		Production (Sta	rt/Resume)	Water Sh	ut-Off	
Notice of Intent	Alter Casing	Fracture Tr	eat 🔲	Reclamation		Well Inte	grity	
Subsequent Report	Casing Repair	☐ New Const	ruction 🔲	Recomplete		Other		
_ Suesequent Report	Change Plans	Plug and A	bandon 🔲	Temporarily A	bandon	_		
Final Abandonment Notice	Convert to Injection	Plug Back		Water Disposal				
(1) NOTIFY NEW N	ATION: PLUG & ABAN	ON DIVISION			32			
	5-1/2" CIBP ON WIRELINE :				•	TAG		
, ,	TO +/- 5500', CIRC HOLE V				BRINE W/25	# GEL PER B	BL.	
	G, CUT, PULL AND LD 5-1/			_				
(5) RIH W/TUBING	, SET 100' CEMENT PLUG	ACROSS 5-1/2	" CASING ST	TUB 50' IN/50' (OUT (MIN. 3	30 SX). TAG	- MMOLO.	
(6) PUH W/TUBING	G, SET 100' CEMENT PLUG	@ 2770 - 2670	'ACROSS B	ASE 8-5/8" CA	SING STUB	(MIN 40 SX).	TAG-NMULO	
(7) PUH W/TUBING	G, SET 100' CEMENT PLUG	700-600' ACR	OSS BASE 13	3-3/8" INSIDE 8	8-5/8" CASIN	NG (MIN 35 S	X).	
(8) SET 10 SX CEM	ENT PLUG @ SURFACE, C	CUT OFF WELL	LHEAD, SET	DRY HOLE M	IARKER, CL			
14. I hereby certify that the foregoin Name (Printed/Typed)	ng is true and correct					nI.	STORY ATTACHMENT	
DOROTHEA LOGAN	<u> </u>		Title REGULA	TORY ANALYS	Γ			
Signature Quart	un Lagan		Date APRIL	11, 2000				
<u>a</u> n	THIS SPACE I	OR FEDERA	L OR STATI	E OFFICE US	E			
Approved by San	Source		Title	PE	I	Date 4//	4/00	
Conditions of approval, if any are certify that the applicant holds legs which would entitle the applicant to	al or equitable title to those righ	ts in the subject	nt or lease Office				/	

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