

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION

Drawer DD

RECEIVED Artesia, NM 88210

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.

USA NM-15303

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

PICKETT DRAW FEDERAL #1

9. API Well No.

30-015-25767

10. Field and Pool, or Exploratory Area

RUSTLER BLUFF (MORROW)

11. County or Parish, State

EDDY, NM

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

MARALO, INC.

3. Address and Telephone No.

P. O. BOX 832, MIDLAND, TX 79702

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FNL & 1980' FWL

SEC. 9, T-25-S, R-29-E

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other Change of Operator

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

CHANGE OF OPERATOR NOTIFICATION:

Effective December 1, 1993, Maralo, Inc., will assume operations of the above listed well from previous operator Bettis, Boyle & Stovall. Attached please find Statement of Accepting Responsibility for Operations.

Sundry notice for proposed recompletion procedure will be sent under separate cover.

(ORIG. SGD.) DAVID R. GLASS

14 1993

MEXICO

14. I hereby certify that the foregoing is true and correct

Signed Donatha Owens

Title REGULATORY

Date December 8, 1993

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date