Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

WELL API NO. 30-045-28	1583	
5. Indicate Type of Le	STATE	FEE X

). Box 2088	30-045-28583	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New	v Mexico 87504-2088	5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		STATE FEE X 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"		O A 7. Lease Name or Unit Agreement Name	
(FORM C-101) FOR SUCH PROPO 1. Type of Well:	SALS.)	J.G. Polokoff Blancett	
OIL GAS WELL X OTHER			
2. Name of Operator		8. Well No.	
MARALEX RESOURCES, INC.		#1	
3. Address of Operator DO Port 4.2.1 Plance Nort 9.7.4.1.2		9. Pool name or Wildcat	
PO Box 421, Blance, New Mex. St. Well Location	77412	Basin Fruitland Coal	
	rth Line and	940 Feet From The East Line	
Section 24 Township 30 M	N Range 12 W	NMPM San Juan County	
10. Elevation (S	how whether DF, RKB, RT, GR, etc GR 5563'	c.)	
11. Check Appropriate Box to	Indicate Nature of Notice	ce, Report, or Other Data	
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABAND			
	ON AEMEDIAL WOR	REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DR	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CASING TEST A	CASING TEST AND CEMENT JOB	
OTHER: Extension	X OTHER:	OTHER:	
 Describe Proposed or Completed Operations (Clearly state all pertinwork) SEE RULE 1103. 	ent details, and give pertinent dates	s, including estimated date of starting any proposed	
Maralex Resources, Inc. reque	ests an extensio	on of time to drill the	
above referenced well.			
If there are any questions, p	lease contact A	A. M. O'Hare at (505) 325-5599	
		MERCINEM	
Last Extension Ex	pores 2-28-94	IS ECEIAE I	
Nav.	i T		
	7	SEP 2 7 1993	
		OIL CON. DIV	
	•	DIST. 3	
	1	- Louis C	
I hereby certify that the information above is true and complete to the best of my	_		
SIONATURE TUURCEASIN Crackon	mu <u>Producti</u>	ton Technician DATE Sept 24, 199	
TYPEOR PRINT NAME Marcia McCracken		(505) 325-559 TELEPHONE NO.	
(This space for State Use)			
Outside: It makes a second	SUPERVIS	SOR DISTRICT # 3 SEP 2 7 1993	
Original Signed by FRANK T. CHAVEZ	mr	DATE DATE	