

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.
30-025-31074

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

JOHNSON

8. Well No.

1

9. Pool name or Wildcat
JENKINS; SAN ANDRES

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.)

1. Type of Well:

Oil Well ☒ Gas Well ☐ Other

2. Name of Operator MARALO, LLC

3. Address of Operator P. O. BOX 832, MIDLAND, TX 79702

4. Well Location

Unit Letter J : 1980 feet from the SOUTH line and 1980 feet from the EAST line

Section 19 Township 9S Range 35E NMPM County LEA

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
4176' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: SURFACE RESTORATION ☒

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

SURFACE RESTORATION HAS BEEN COMPLETED IN COMPLIANCE WITH NMOC D REGULATIONS.
RELEASE OF LIABILITY UNDER BOND FOR THIS LEASE IS REQUESTED.

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

SIGNATURE Dorothea Logan TITLE REGULATORY ANALYST DATE 2/12/03

Type or print name DOROTHEA LOGAN

Telephone No. (915) 684-7441

(This space for State Use)
ORIGINAL SIGNED BY
GARY W. WINK

APPROVED BY OC FIELD REPRESENTATIVE II / STAFF MANAGER

DATE FEB 14 2003

Conditions of approval, if any: