

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

API NO. (assigned by OCD on New Wells)
30-025-31374

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☐

b. Type of Well:

OIL WELL ☒ GAS WELL ☐ OTHER ☐ SINGLE ZONE ☐ MULTIPLE ZONE ☐

2. Name of Operator

MARALO, INC.

3. Address of Operator

P. O. BOX 832, MIDLAND, TX 79702

7. Lease Name or Unit Agreement Name

R. L. STATE "8"

8. Well No.

1

9. Pool name or Wildcat

WILDCAT

4. Well Location

Unit Letter J : 1830 Feet From The SOUTH Line and 1980 Feet From The EAST Line

Section 8 Township 11S Range 37E NMPM LEA County

10. Proposed Depth

12,900'

11. Formation

ELLENBURGER

12. Rotary or C.T.

ROTARY

13. Elevations (Show whether DF, RT, GR, etc.)

3963.9

14. Kind & Status Plug. Bond

BLANKET

15. Drilling Contractor

U/A

16. Approx. Date Work will start

DECEMBER 23, 1993

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	54.50#	400	500 SX CL. "C"	SURFACE
12-1/4"	8-5/8"	32#	4250	1100 SX APPROX*	SURFACE
7-7/8"	5-1/2"	17 & 20#	12700	AS REQUIRED*	

*TO BE DETERMINED BY CALIPERS

PREVIOUSLY PERMITTED 09-04-91 - PERMIT EXPIRED.
RESTAKED TO ABOVE LOCATION.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE Dorothea Owens TITLE REGULATORY DATE DECEMBER 10, 1993

TYPE OR PRINT NAME DOROTHEA OWENS

TELEPHONE NO. (915) 684-7441

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE DEC 14 1993

CONDITIONS OF APPROVAL, IF ANY: