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

State Lease – 6 copies						
Fee Lease - 5 copies	OIL CONSERVATION DIVISION		API NO. (assigned by OCD	on New Wells)		
DISTRICT I	00140	P.O. Box 2088		30-02	5-31374	
P.O. Box 1980, Hobbs, NM	Sa Sa	anta Fe, New Mexico 8	7504-2088	5. Indicate Type of Lease		
DISTRICT II P.O. Drawer DD, Artesia, NI				STA	TE X FEE	
	VI 00210	Λ Λ		6. State Oil & Gas Lease N	o.	
DISTRICT III 1000 Rio Brazos Rd., Aztec,	NM 87410					
1000 Kit Blazos Kit., 12554	ON FOR PERMIT T	V/////////////////////////////////////				
	ON FOR PERMIT	7. Lease Name or Unit Agr	7. Lease Name or Unit Agreement Name			
1a. Type of Work:						
DRILL	X RE-ENTER	DEEPEN	PLUG BACK			
b. Type of Well: SINGLE MULTIPLE OIL GAS ZONE ZONE ZONE				R. L. Stat	te 8	
OIL GAS WELL	OTHER	ZONE [<u> </u>		
2. Name of Operator				8. Well No.	1	
Maralo, Inc.				9. Pool name or Wildcat		
3. Address of Operator		9. Poor name of Wildeau	ld cat Dev			
	, Midland, Texa	s 79702 0832		Bickenson W	id car po-	
4. Well Location				1980 Feet From The	East Line	
4. Well Location Unit Letter J: 1980 Feet From The South Line and 1980 Feet From The Education						
	_	11 0	37 – F	_{NMPM} Lea	County	
Section 8	Town	ship 11-S Ran	ge 37-E			
		10. Proposed Depth		1. Formation Juranuan	12. Rotary or C.T.	
<i>7777777777777777777777777777777777777</i>		12,700		Ellenburger	Rotary	
<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		14. Kind & Status Plug. Bond	15. Drilling Contra	ctor 16. Approx. I	Date Work will start	
13. Elevations (Show whether	T DF, RT, GR, etc.)		Unavaila	1 .	r 1, 1991	
3963.9		Blanket.			•	
17.	P	ROPOSED CASING AN	ID CEMENT PRO	H SACKS OF CEMENT	EST. TOP	
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPT	400 sx Cl. C.	Surface	
17 1/2	13 3/8	54.50#	400	1000sx apprx*	Surface	
12 1/4	8 5/8	32#	4250	as required*	Darrace	
7 7/8	5 1/2	17 & 20#	12700	l as required.		

*To be determined by calipers

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. Agent	10-31-91 8-30-91					
SKONATURE Brenda Coffman Typeor Print Name Brenda Coffman	тецерноме мо. 915 684-7441					
(This space for State Use)						
APPROVED BYTITLE	DATE					
CONDITIONS OF APPROVAL, IF ANY:						