

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

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

WELL API NO.
30-025-32906

5. Indicate Type of Lease
STATE ☐ FEE ☒

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 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, INC.

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

4. Well Location
Unit Letter **I** : **2310** Feet From The **SOUTH** Line and **990** Feet From The **EAST** Line

Section **19** Township **9S** Range **35E** NMPM **LEA** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4178'

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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☒
OTHER: ☐

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.

SPUD WELL @ 8:30 PM 04/05/95.

04/07/95 RU 13-3/8" CSG TOOL & RUN 10 JTS 13-3/8" 54.50# CSG. SET @ 450'. CEMENT 13-3/8" CSG W/450 SXS CL. "C" CEMENT W/2% CACL₂. CEMENT CIRC. TO SURFACE. 4 HRS. WOC. CUT OFF CONDUCTOR PIPE, WELDED ON BRADENHEAD & TESTED TO 500 PSI. NU BOP & TEST 13-3/8" CSG & BLIND RAM TO 500 PSI, OK.

04/14/95 RU & RAN 102 JTS. 8-5/8" 32# K-55 8-5/8" CSG. SET @ 4200'. CEMENT 8-5/8" CSG W/1350 SXS HALCO LT CEMENT + 250 SXS CL. "C" CEMENT W/2% CACL₂. CEMENT CIRC TO SURFACE. 4 HRS. WOC, ND BOP, SET 8-5/8" CSG SLIPS, CUT OFF 8-5/8" CSG, NU BOP. TEST BOP TO 1500 PSI, OK.

04/15 THRU 04/24/95 DRILLING FROM 4200' TO 8688'.

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 **APRIL 25, 1995**

TYPE OR PRINT NAME **DOROTHEA LOGAN**

TELEPHONE NO. **915 684-7441**

(This space for State Use) **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

APR 28 1995

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: