

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

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.  
**30-025-32703**

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 **J** : **2240** Feet From The **SOUTH** Line and **2310** Feet From The **EAST** Line

Section **16** Township **13S** Range **38E** NMPM **LEA** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
**3820' 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 ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: **DEVONIAN COMPLETION ATTEMPT** ☐

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.

01/03/95 OPERATION: Complete in Devonian formation  
Level location. Set & test anchors. MI RU Expert Well Service.  
NU BOP. Unload & tally 401 jts 2 7/8" 6.5# L-80 EUE 8rd tbq.  
PU & TIH w/4 3/4" skirted bit + 6 - 3 1/2" DC's on 384 jts tbq.  
SIW SDON.

01/04/95 2 1/2 hrs thaw out reverse unit. RIH & tagged float collar @  
12,402' tbq tally. PU swivel & drl out float collar & cement to  
top of csg pkr shoe @ 12,436'. RU Halliburton. Pickled tbq w/  
300 gals 15% NEFE triple inhibited acid. Reverse out acid. PU  
swivel & drl out csg pkr shoe @ 12,436'. RIH to 12,461'. Reverse  
out 8' of fill to TD @ 12,469'. Displace hole conventionally w/  
2% KCl wtr. Spot 200 gals MCA triple inhibited acid. RD  
Halliburton. POH w/10 jts tbq. SIW. SDON.

01/05/95 SD due to ice & bad weather. Will resume work today.

SEE ATTACHED 3 PAGES

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 **FEBRUARY 15, 1995**

TYPE OR PRINT NAME **DOROTHEA LOGAN** TELEPHONE NO. **915 684-7441**

(This space for State Use)

ORIGINAL SIGNED BY  
**GARY WINK**  
FIELD REP. II

**FEB 17 1995**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

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

WELL API NO. 30-025-32703
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name  NOVEMBER 16
8. Well No. 1
9. Pool name or Wildcat WILDCAT (DEVONIAN)

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator MARALO, INC.	
3. Address of Operator P. O. BOX 832, MIDLAND, TX 79702 (915) 684-7441	
4. Well Location Unit Letter J : 2240 Feet From The SOUTH Line and 2310 Feet From The EAST Line Section 16 Township 13S Range 38E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3820' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: CONTINUING DRILLING OPERATIONS <input checked="" type="checkbox"/>

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.

SEE ATTACHED PAGE

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 12/19/94  
TYPE OR PRINT NAME DOROTHEA LOGAN TELEPHONE NO. (915) 684-7441

(This space for State Use)

ORIGINAL FILED BY: LORRY SEXTON  
DISTRICT SUPERVISOR

DEC 21 1994

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**RECEIVED**

DEC 20 1994

OCD HOBBS  
OFFICE