Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

WELL API NO.
30-025-33641

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.)

7. Lease Name or Unit Agreement Name
DAVIS 15

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
MARALO, INC.

8. Well No.
1

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

9. Pool name or Wildcat
WILDCAT (ATOKA)

4. Well Location
Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line

Section 15 Township 13S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3808'

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☒	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			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.

CURRENT OPERATION: PERFORATION INTERVALS: 9181 - 9840'

05/14/97 P/O & SET CIBP @ 9132'. CAP W/25' CEMENT PLUG 9132 - 8892'. HOLE CIRCULATED W/10# MUD GEL UP TO 6000'.

05/15/97 SPOT 20 SX CEMENT PLUG FROM 6100 - 6230' PBTD. TAGGED TOC @ 6100'.

PROPOSED OPERATION: ~~RECOMPLETE IN~~ SAN ANDRES FORMATION WITH PERFORATIONS @ ~~5212~~ - 5492'. NO RECOMPLETION - WILL PROCEED WITH ORIGINAL P+A PROCEDURE APPROVED 03-19-97.

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 ~~MAY 20, 1997~~ May 28, 1997

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

(This space for State Use)

FOR RECORD ONLY

MAY 29 1997

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: