Submit 3 Copies to Appropriate

State of New Mexico Energy, Moerals and Natural Resources Department

Form C-103

Revised 1-1-89

70 C 1000 Uokhe NM 88740	TION DIVISION ox 2088	WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		30-025-07262 5. Indicate Type of Lease
		STATE FEE X 6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DE DIFFERENT RESERVOIR. USE *APPLICATION RE (FORM C-101) FOR SUCH PROPOSALS	EEPEN OR PLUG BACK TO A OR PERMIT	7. Lease Name or Unit Agreement Name
I. Type of Well: OIL GAS WELL WELL OTHER	SWD	C. S. STONE
2. Name of Operator		8. Well No.
MARALO, INC.		9. Pool name or Wildcat
P. O. BOX 832, MIDLAND, TX 79702 4. Well Location	(915) 684-7441	MEDICINE ROCK (DEVONIAN)
	NORTH Line and	1980 Feet From The WEST Line
Section 22 Township 15S	Range 38E	NMPM LEA County
(Show)	whether DF, RKB, RT, GR, etc.) 3721 GL	\(\)
11. Check Appropriate Box to Indi		Report, or Other Data
NOTICE OF INTENTION TO:		BSEQUENT REPORT OF:
ERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON XX CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND C	EMENT JOB .
other:	OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent dework) SEE RULE 1103.	etails, and give pertinent dates, incli	uding estimated date of starting any proposed
11-09-93 NO WATER TO BE INJECTED FROM SOLE SOURCE OF INJECTION FLUI WHICH WAS TRAID 12-01-93. AW	ED WAS FROM AMOCO S	TONE, WELL #1, API #30-025-27936
I hereby certify that the information above is true and complete to the best of my know SIGNATURE DOROTHEA OWENS		ANALYST DATE JANUARY 13, 1994
I hereby certify that the information above is true and complete to the best of my know SIGNATURE TYPE OR PRINT NAME DOROTHEA OWENS	TITLE REGULATORY	ANALYST DATE JANUARY 13, 1994 TELEPHONE NO. (915) 684-71
I hereby certify that the information above is true and complete to the best of my know SIGNATURE DOROTHEA OWENS TYPE OR PRINT NAME DOROTHEA OWENS (This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	TITLE REGULATORY	TELEPHONENO. (915) 684-71