

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

30-025-07262

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

SWD

2. Name of Operator
Maralo, Inc.

8. Well No.

3

3. Address of Operator

P. O. Box 832, Midland, TX 79702

9. Pool name or Wildcat

Medicine Rock (Devonian)

4. Well Location

Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line

Section

22

Township

15-S

Range

38-E

NMPM

Lea

County

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

3721' GL

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: Acidize ☐

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.

06-24-93: Maintenance Report

RU Petroplex Acidizing. Pumped 2000 gals reconditioned acid down tbg @ 1.6BPM @ 2500 psi. RD Petroplex. Turn on Triplex & pump 55 bbls produced wtr for flush. Pressure before acid job 2200 psi. After acid job: 2000 psi.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Dorothea Owens TITLE Regulatory DATE June 28, 1993

TYPE OR PRINT NAME Dorothea Owens

TELEPHONE NO. (915) 684-7441

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUL 01 1993

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUN 20 1993

W.D. HOBBS
OFFICE