

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.
50-025-28606

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, Texas 79702

7. Lease Name or Unit Agreement Name

State 10

8. Well No.

1

9. Pool name or Wildcat *Perno upper Penn*
Saunders (Bough "C")

4. Well Location
Unit Letter O : 660 Feet From The South Line and 2310 Feet From The East Line
Section 10 Township 15S Range 33E NMPM Lea County

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

4179.5 GR

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.

9-17-1990 Set CIBP @ 9,800' dump 35' cement on top
9-18-1990 Spot 25 sxs cement @ 9050'-8950'
9-18-1990 Spot 25 sxs @ 5850'-5755'
9-19-1990 Spot 40 sxs @ 4055'-3937' tagged pulled 3990' of 5 1/2"
9-19-1990 Spot 35 sxs @ 1600'-1500'
9-19-1990 Spot 35 sxs @ 450'-350'
9-19-1990 Spot 10 sxs @ surface

Install dry hole marker
Hole circulated with 10# mud

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

SIGNATURE *Brenda Coffman*

TITLE *AGENT*

DATE *9-27-90*

TYPE OR PRINT NAME *BRENDA COFFMAN*

TELEPHONE NO. *915 624-7441*

(This space for State Use)

APPROVED BY *Lyle F. Turnachiff*

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: