

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
LG 2945	

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Maralo, Inc.	8. Farm or Lease Name Maralo SV 16 State
3. Address of Operator P.O. Box 832, Midland, TX 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>L</u> <u>1748</u> FEET FROM THE <u>South</u> LINE AND <u>742</u> FEET FROM THE <u>West</u> LINE, SECTION <u>16</u> TOWNSHIP <u>18-S</u> RANGE <u>35-E</u> NMPM.	10. Field and Pool, or Wildcat Mid Vacuum Pool <u>New</u>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

Operation to restimulate Devonian perforations:

Acidize perfs 11,716 - 11,725 w/3,000 gals 15% NEFE with a sufficient number of ball sealers to ball out. Pump at a rate of + 5 BPM. If ball out occurs, surge off balls and continue treatment. Leave well shut in at least 30 minutes to allow for acid reaction. Recover load w/minimum amount of swabbing.

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

SIGNED Brenda Coffman / dsd TITLE Agent DATE 5/15/86

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAY 19 1986

CONDITIONS OF APPROVAL, IF ANY: