Santa Fe File		
BLM		
Land Office		
B of M		
Operator		

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.
30-025-30125

5. Indicate Type of Lease STATE [X] 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
(010643) MARALO STATE

1. Type of Well:
OIL WELL [XX] GAS WELL [ ] OTHER

2. Name of Operator
SOUTHWEST ROYALTIES, INC. (021355)

8. Well No.
2

3. Address of Operator
P.O. BOX 11390, MIDLAND, TEXAS 79702

9. Pool name or Wildcat
(22800) EUMONT YATES 7RVRS QU

4. Well Location
Unit Letter N : 330 Feet From The SOUTH Line and 1650 Feet From The WEST Line

Section 28 Township 18S Range 37E NMPM LEA County

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

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 [XX]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: CONVERT TO WATER INJECTION WELL [X]		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.

1) SQUEEZE OFF PENROSE (LOWER QUEEN) PERFS @ 3922' TO 3980' W/ 50-100 SX OF CL "C" CMT.
2) DRILL OUT SQUEEZE AND TEST TO 600#.
3) RIH WITH I.P.C. TBG AND PKR. (5-1/2" LOK-SET WITH ON/OFF TOOL)
4) SET PKR @ ± 4150', LOAD ANNULUS WITH PKR FLUID, RUN CIT.
5) START INJECTION INTO SAN ANDRES ZONE (4223'-4323')
WILL NOTIFY DIST OFFICE OF DATE OPERATION BEGINS.

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

SIGNATURE Kate Ellison TITLE REGULATORY ASST. DATE 7-17-95

TYPE OR PRINT NAME KATE ELLISON (915) 686-9927 ext 307 TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

JUL 26 1995