Submit to Appropriate District Office

12 1/4

7/8

8 5/8

5 1/2

32

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-101

State Lease — 6 copies Fee Lease — 5 copies		, 1111111111111111111111111111111111111			Revised 1-1-	89		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088				AITIO. (as	API NO. (assigned by OCD on New Wells) 30-025-31414			
				5. Indicate	Type of Lease ST	ATE X I	FEE	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410					6. State Oil & Gas Lease No. I.G - 2945			
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK							//////	
la. Type of Work:					7. Lease Name or Unit Agreement Name			
DRILL b. Type of Well:	RE-ENTE	R DEEPEN	PLUG BACK					
WELL X WELL C	OTHER	SINCLE ZONE	MULTIPLE ZONE	☐ Maral	lo SV 16	State		
2. Name of Operator Maralo, Inc.					8. Well No.			
3. Address of Operator					9. Pool name or Wildcat			
P. O. Box 832, Midland, Texas 79702					Wildcat			
4. Well Location Unit Letter C	: <u>2310</u> Feet	From The West	Line and	530 Feet	From The No.	orth	Line	
Section 16	Town	nship 18S Ran	nge 35E	NMPM	Lea		County	
							<u>//////</u>	
//////// · · · · · · · · · · · · · · ·				11. Formation			·	
7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.		10,800		Penn.		Rotary		
13. Elevations (Show whether DF, RT, GR, etc.) 13.428 3937 Gr.		4. Kind & Status Plug. Bond 15. Drilling Contracto		ractor	16. Approx. Date Work will start		at	
17.		Blanket	Hondo_		1 10)-18-91		
		ROPOSED CASING AN		· · · · · · · · · · · · · · · · · · ·				
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEP	TH SACKS OF	CEMENT	EST. TO)P	
17 1/2	13 3/8	54.5	400	450		Surface		

3800

10800

brought from the top of the salt or aphydric to the surface casing by either circulating with cement or a QV tool at the top of the salt.

undetermined

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE, GIVE BLOWOUT PREVENTER PROGRAM, IF ANY. I hereby certify that the information above is true and complete to the best of my knowledge and belief. Agent SIGNATURE -TYPE OR PRINT NAME TELEPHONE NO. (This space for State Use) APPROVED BY ... CONDITIONS OF APPROVAL, IF ANY: