

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

LOCATION AMENDED

WELL API NO. 30-025-31763
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-3750
7. Lease Name or Unit Agreement Name Bondurant 2 State
8. Well No. 1
9. Pool name or Wildcat Buffalo Yates
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3687.5

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Maralo, Inc.
3. Address of Operator P. O. Box 832, Midland, TX 79702	4. Well Location Unit Letter F : 2130 Feet From The North Line and 1980 Feet From The West Line Section 2 Township 19S Range 32E NMPM Lea County
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: ☐

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.

11-10-92 Spud @ 4:30 AM
11-11-92 Ran 11 jts. 8-5/8" 24# J-55 csg. Set @ 462'. Cmt circ to surface. Hole size 12-1/4". WOC 15 hrs.
11-19-92 Ran 88 jst 5-1/2" 15.5# & 17# csg. Set @ 3675'. Cemented w/700 sx Howco Light cmt w/9# salt & 1/4# flocele/sx + 200 sx 50/50 poz mx. cmt w/.6% Halad 9 + 3# KCL. Cmt circ to surface. Hole size 7-7/8". WOC 15+ hrs. Tested to 1000 psi - ok.
Td'd @ 3675'.

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

SIGNATURE Dorothea Owens TITLE Agent DATE 12-16-92
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 _____
CONDITIONS OF APPROVAL, IF ANY:

DEC 18 '92