Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy inerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

**OIL CONSERVATION DIVISION** P.O. Box 2088 Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-31894

5.	Indicate Type of Lease STATE	

- DATE -

P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease  STATE  FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	STATE STATE 6. State Oil & Gas Lease No. V-3750
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
1. Type of Well: OIL GAS WELL X WELL OTHER	Bondurant 2 State
2. Name of Operator Maralo, Inc.	8. Well No. 2
3. Address of Operator P. O. Box 832, Midland, TX 79702 4. Well Location	9. Pool name or Wildcat Buffalo (Yates)
Unit Letter <u>J</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>23</u>	LO Feet From The <u>East</u> Line
Section 2 Township 19S Range 32E	NMPM Lea County
11. Check Appropriate Box to Indicate Nature of Notice, Re	amont on Other Date
	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	
PULL OR ALTER CASING CASING CASING TEST AND CE	
OTHER: Workover OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, include work) SEE RULE 1103.	ting estimated date of starting any proposed
Proposed Operation: Re-fracture & treat Yates perforation 1. RUPU. TOH w/rods & pump. 2. PU tubing to tag TD and insure perfs are clear. If n 3. TIH w/tbg & pkr to 3351'. Set Pkr. 4. RU Western tofrac perfs 3477-3485' w/4000 gals 30# X-1 resin coated sand down tbg at a rate of 12 BPM with an of 4200 psi. Pump as follows:  a) 500 gals linear gel pre-pad b) 2000 gals X-link gel pad c) 1500 gals X-link gel + 6 ppg 16/30 mesh r d) flush to top perf w/linear gel - Shut w 5. Make minimum swab runs 6. Release pkr. Check for sand fill. Clean out if necess 7. TIH w/pumping equipment and return well to production.	ot, circulate out fill.  ink + 9000# 16/30 mesh   estimated treating pressure  esin coated sand ell in to allow gel to break.  ary TOH w/tbg & pkr.
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE	PATE April 22, 1993
TYPE OR PRINT NAME DOTOTHEA OWENS	TELEPHONE NO. 915 684-7441
(This space for State Use) Orig. Signed by Paul Kautz	APR 2 6 1993

- TITLE -

Geologist

APPROVED BY-