

Submit to Appropriate
District Office
State Lease -- 6 copies
Fee Lease -- 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088
CORRECTED
WT. PER FT ON
8 5/8" CSG.

API NO. (assigned by OCD on New Wells)
30-025-31894
5. Indicate Type of Lease
STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
V-3750

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:	7. Lease Name or Unit Agreement Name
DRILL <input checked="" type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>	
b. Type of Well:	
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	Bondurant 2 State
SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	
2. Name of Operator	8. Well No.
Maralo, Inc.	2
3. Address of Operator	9. Pool name or Wildcat
P. O. Box 832, Midland, TX 79702	Buffalo Yates
4. Well Location	
Unit Letter J : 2310 Feet From The South Line and 2310 Feet From The East Line	

Section 2	Township 19S	Range 32E	NMPM	Lea	County
10. Proposed Depth			11. Formation	12. Rotary or C.T.	
3700'			Seven Rivers	Rotary	
13. Elevations (Show whether DF, RT, GR, etc.)		14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start	
3687.5		Blanket	Rod Ric Corp.	3-10-93	

17. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4	8 5/8	24#	450'	350 sx Class C	Surface
7 7/8	5 1/2	15.5#	3700'	700 sx Cl. C w/	Surface
				tail 200 sx 50/50	

Poz

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.

SIGNATURE Dorothea Owens TITLE Regulatory DATE March 10, 1993

TYPE OR PRINT NAME Dorothea Owens TELEPHONE NO (915) 684-7441

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE MAR 15 1993

CONDITIONS OF APPROVAL, IF ANY: