

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	8. Well Name and No. Corbin #13 Federal (A) #1
2. Name of Operator Maralo Inc.	9. API Well No. 30-025-31698
3. Address and Telephone No. P.O. Box 832 Midland Texas 79702 915-684-7441	10. Field and Pool, or Exploratory Area South Corbin
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1850' FSL & 660' FEL Sec 13 T18S-R32E Unit I	11. County or Parish, State Lea Co. New Mexico

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other <u>Restake Location</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1 Move location of well 150' south of original location. New location to be 1850' FSL & 660' FEL Section

2 Reason for moving location is to gain a better structural position on the producing formation.

RECEIVED
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OFFICE
ARL

14. I hereby certify that the foregoing is true and correct

Signed Robert J. Jones Title Agent Date 01/29/93

(This space for Federal or State office use)

Approved by Orig. [Signature] Title Date 2-9-93

Conditions of approval, if any:

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Artec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator MARALO, INC.			Lease CORBIN 13 FEDERAL A		Well No. 1
Unit Letter I	Section 13	Township 18 SOUTH	Range 32 EAST	County LEA	
Actual Footage Location of Well:					
1830 feet from the SOUTH line and		660 feet from the EAST line			
Ground Level Elev. 3837.4'	Producing Formation WOLFCAMP	Pool SOUTH CORBIN		Dedicated Acreage: 80 Acres	
<p>1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.</p> <p>2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).</p> <p>3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If answer is "yes" type of consolidation _____</p> <p>If answer is "no" list of owners and tract descriptions which have actually been consolidated. (Use reverse side of this form necessary.) _____</p> <p>No allowable will be assigned to the well unit all interests have been consolidated (by communitization, unitization, forced-pooling, otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.</p>					
				OPERATOR CERTIFICATION	
				<p>I hereby certify the the information contained herein is true and complete to the best of my knowledge and belief.</p> <p>Signature <i>Joe T. Janica</i></p> <p>Printed Name Joe T. Janica</p> <p>Position Agent for Maralo Inc.</p> <p>Company Maralo Inc.</p> <p>Date 01/29/93</p>	
				SURVEYOR CERTIFICATION	
				<p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.</p> <p>Date Surveyed JANUARY 23, 1993</p> <p>Signature & Seal of Professional Surveyor </p> <p>Certificate No. JOHN W. WEST, 876 RONALD J. EDSON, 3239 JERRY L. JONES, 7977</p> <p>93-11-0112</p>	