

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

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

☐ Oil Well ☐ Gas Well ☒ Other **SMD**

2. Name of Operator

MARALO, INC.

3. Address and Telephone No.

P. O. BOX 832, MIDLAND, TX 79702

(915) 684-7441

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

**1980' FSL & 2080' FML
SECTION 11, T22S, R32E, UNIT K**

5. Lease Designation and Serial No.

NM-85936

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

PROHIBITION FEDERAL UNIT #2

8. Well Name and No.

PROHIBITION FEDERAL UNIT #2

9. API Well No.

30-025-31716

10. Field and Pool, or Exploratory Area

BOOTLEG RIDGE; DELAWARE NW

11. County or Parish, State

LEA, NM

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other **BEGIN USE AS SWD**
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

**05/15/95 FACILITY COMPLETED AS SWD. WATER LINES FROM PROHIBITION FEDERAL UNIT #4 AND WILD TURKEY "9" STATE #1
INSTALLED. WELL TAKING WATER @ 1.1 BPM W/600 PSI ON SWD PUMP. STARTED DISPOSING INTO WELL 05/12/95.**

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

Signed *Donna L. Logan*

Title **REGULATORY ANALYST**

Date **MAY 26, 1995**

(This space for Federal or State office use)

Approved by *David A. Glass*

Title

Date

Conditions of approval, if any:

RECEIVED

JUL 01 1995

UCL
OFFICE