Form 3160-5 (June 1990)

> 1. Type of Well Oil Well 2. Name of Operator Maralo, Inc. 3. Address and Telephone No.

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No.

## 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

	NM-85936				
	6. If Indian, Allottee or Tribe Name				
r.					
	7. If Unit or CA, Agreement Designation				
	Prohibition Federal Unit				
	8. Well Name and No.				
	Prohibition Federal Unit	#2			
	9. API Well No.				
	30-025-31716				

10. Field and Pool, or Exploratory Area

	BOX 832		1
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			Wildcat Bone Springs
1980	' FSL & 2080' FWL, Sec. 11,	T22S, R32E	11. County or Parish, State
U	nit K		Lea, N.M.
12.	CHECK APPROPRIATE BOX(	s) TO INDICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA
	TYPE OF CUPANICOIDAL	TYPE OF ACTION	

TYPE OF SUBMISSION	TTPE OF ACTION	)N
Notice of Intent  Subsequent Report  Final Abandonment Notice	Abandonment Recompletion Plugging Back Casing Repair Altering Casing Otherflare request	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 (orm.)

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.)\*

Applicant hereby requests exception to NMOCD No-flare Rule 306. Well not completed testing other zones. Unknown small amount of gas to flare - no market in area.

or representations as to any matter within its jurisdiction.		struction on Reverse Side	and my man, mention of francisca salestone
Title 18 U.S.C. Section 1001, makes it a crime for any person knowin	aly and will		ates any false fictitions or fraudulent statements
		FFR 1 1003	
Conditions of approval, if any:		OHIO, OOD. DAVID R. GLASS	
Approved by	Title _	billion of the state of the sta	Date
(This space for Federal or State office use)		The state of the s	
14. I hereby Certify that the foregoing is true and correct Signed Signe	_ Title _	Regulatory Analyst	Date January 12, 1993

RECEIVED
FEB 0 8 1993

OCD HOBBS OFFICE