

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
TUCSON 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

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' FNL & 990' FEL, SEC. 12, T22S, R32E

5. Lease Designation and Serial No.
NM-64606

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

PROHIBITION FEDERAL UNIT

8. Well Name and No.

PROHIBITION FEDERAL UNIT #3

9. API Well No.
30-025-32142

10. Field and Pool, or Exploratory Area

BOOTLEG RIDGE (ATOKA)

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 **INSTALLATION OF PORTABLE
GAS COMPRESSOR PKG.**
☐ 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.)*

INSTALLATION: PORTABLE NATURAL GAS COMPRESSOR PACKAGE CONSISTING OF (1) 80 H.P. AJAX DPC-80 INTEGRAL GAS ENGINE DRIVEN SINGLE STAGE GAS COMPRESSOR UNIT WITH 6 X 11 INCH STROKE COMPRESSOR CYLINDER. COMPRESSOR SPEED IS 400 RPM.

SEE ATTACHED DATA SHEETS (5)

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

Signed *Donna L. Lopez*

Title **REGULATORY ANALYST**

Date **DECEMBER 2, 1994**

(This space for Federal or State office use)

Approved by Orig. Signed by Shannon J. Shaw
Conditions of approval, if any:

Title **PETROLEUM ENGINEER**

Date **12/14/94**

RECEIVED
DEC 16 1994
OCD HOBBS
OFFICE