

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

30-025-32331

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

WILD TURKEY "10" STATE

8. Well No.

1

9. Pool name or Wildcat

LIVINGSTON RIDGE; DELAWARE E.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER ☐

2. Name of Operator

MARALO, INC.

3. Address of Operator

P. O. BOX 832, MIDLAND, TX 79702

(915) 684-7441

4. Well Location

Unit Letter **L** : **1980** Feet From The **SOUTH** Line and **330** Feet From The **WEST** Line

Section **10** Township **22S** Range **32E** NMPM **LEA** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3792.4 GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: **EXTEND DRILLING PERMIT** ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

**PLEASE EXTEND APPLICATION FOR PERMIT TO DRILL WHICH WAS ORIGINALLY APPROVED ON DECEMBER 8, 1993.
THIS IS A VIABLE DRILLING OPTION WITHIN THE NEXT 6 MONTHS.**

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Dorothea Logan

TITLE **REGULATORY ANALYST**

DATE **NOVEMBER 22, 1994**

TYPE OR PRINT NAME

DOROTHEA LOGAN

TELEPHONE NO. **(915) 684-7441**

(This space for State Use)

NOV 28 1994

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: