Submit 3 Copies to Appropriate District Office

State of New Mexico Energy inerals and Natural Resources Department

Form C-103 Revised 1-1-89

| DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CON | P.O. Box 2088 | WELL API NO. |
|---|--|---|
| Santa F | Te, New Mexico 87504-2088 | 30-025-32332 |
| O. Drawer DD, Artesia, NM 88210 ISTRICT III | -, · · · · · · · · · · · · · · · · · | 5. Indicate Type of Lease STATE FEE FEE |
| 000 Rio Brazos Rd., Aztec, NM 87410 | | 6. State Oil & Gas Lease No. |
| SUNDRY NOTICES AND REPORTS ON WELLS | | |
| DO NOT USE THIS FORM FOR PROPOSALS TO DRI DIFFERENT RESERVOIR. USE "APP (FORM C-101) FOR SUCH I | LICATION FOR PERMIT | A 7. Lease Name or Unit Agreement Name |
| Type of Well: OIL GAS WELL X WELL [] | OTHER | WILD TURKEY "9" STATE |
| Name of Operator | | E. Well No. |
| MARALO, INC. Address of Operator | | Pool name or Wildcat |
| P. O. BOX 832, MIDLAND, TX 79702 Well Location | | LIVINGSTON RIDGE; DELAWARE E. |
| Unit Letter I : 1980 Feet From The Section 9 Township | 22S Range 32E vation (Show whether DF, RKB, RT, GR, etc.) | NMPM LEA County |
| 10. Ele | 3801.5' GR | |
| Check Appropriate B | ox to Indicate Nature of Notice, | Report, or Other Data |
| NOTICE OF INTENTION TO | | JBSEQUENT REPORT OF: |
| RFORM REMEDIAL WORK PLUG AND | ABANDON REMEDIAL WORK | ALTERING CASING |
| MPORARILY ABANDON CHANGE PL | ANS COMMENCE DRILL | ING OPNS. PLUG AND ABANDONMENT |
| LL OR ALTER CASING | CASING TEST AND | CEMENT JOB X |
| HER: | OTHER: | |
| CMT. W/4% GEL, 2% CACL2 + 1/4# FLOG 16 HRS. WOC AND WELD ON 13-3/8" BRJ 5-94 RUNNING 8-5/8" CSG, TOTAL OF 108 J' W/1/4# FLOCELE & 15# SALT/SX. TAIL SURF. CSG. TESTED TO 2000 PSI. WO 12-94 DEPTH OUT 9000'. 13-94 ND BOP. PREP TO SET 5-1/2" CSG SL 9000'. CEMT 5-1/2" CSG W/350 SXS I CEMT W/6# SALT, .5% HALAD 22 + .3% 16-94 LOGGED WELL 4-22-94. SWSCO RAN LD | CELE + 250 SXS CL. "C" W/2% CA ADENHEAD & NU BOP. TESTED BOP & TS K-55 & S-80 32# LT&C. SET @ LED IN W/300 SX CL. "C" PREMIUM OC 16 HRS. IPS. RAN TEMP SURVEY. TOC @ 3 HALCO LIGHT CEMT W/6# SALT & 1/ CRF2. ND BOP. WO COMPLETIO | CEMT w/1/4# FLOCELE & 2% CACL2. CEMT TO 750' GL. RAN 221 JTS 5-1/2" CSG. SET @ 4# FLOCELE & TAILED IN W/745 50/50 POX MIX NO. OPS AS FOLLOWS: |
| hereby certify that the information above is true and complete to the be | • | |
| IGNATURE Nonalthus Cine | DECIL ATORY AN | ALVCT MAY A 100A |
| | TITLE REGULATORY AND | ALYST DATE MAY 4, 1994 |
| YPE OR PRINT NAME DOROTHEA OWENS | TITLE REGULATORY AN | TELEPHONE NO (915) 684-744 |
| This space for State Use) | ORIGINAL SIGI | |

CONDITIONS OF APPROVAL, IF ANY: