

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

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

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

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

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

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, Texas 79702 0832

4. Well Location

Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line

Section 36

Township 25-S

Range 36-E

NMPM

Lea

County

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

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

1. Notify NMOCC when ready to begin plugging.
2. Set CIBP w/35' cap @ +/- 2860'.
3. Load hole with 10#/gal mud-laden fluid using 25# gel/bbl.
4. Set 100' (30 sx) plug across top yates from 2704 - 2804' inside 7" csg.
5. Determine free-point, cut & pull 7" csg.
6. Set 100' (30 sx) plug across 7" csg. stub.
7. Set 100' (30 sx) plug across base 8" casing 1450' - 1550'.
8. Determine free-point cut & pull 8" csg.
9. Set 100' (40 sx) plug across 8" csg. stub.
10. Set 100' (40sx) plug across base of 10" csg. 150 - 250'.
11. Set surface plug with 10 sx cmt.
12. Clean up location and set dry hole marker.

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

SIGNATURE Brenda Coffman TITLE Agent DATE March 3, 1992

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

MAR 09 '92

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: