

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.
30-025-11650

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.

7. Lease Name or Unit Agreement Name

MAGGIE ROSE

3. Address of Operator
P.O. BOX 832 MIDLAND, TEXAS 79702

8. Well No. 1

9. Pool name or Wildcat
JALMAT; TAN-YATES-7 RVRS

4. Well Location
Unit Letter M : 330 Feet From The SOUTH Line and 330 Feet From The WEST Line
Section 18 Township 25 S Range 37 E NMPM LEA County

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

3135' GL

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.

7-23-98 SPOT 35 sxs @ 2700' no tag
7-23-98 SET CIBP @ 2700' - SPOT 23 sxs on top
7-24-98 SPOT 25 sxs @ 2460'
7-24-98 SPOT 25 sxs @ 1210'
7-24-98 PERF. @ 350' - SQUEEZE 125 sxs tag @ 130'
7-27-98 SPOT 15 sxs @ 130' to surface

INSTALL DRY HOLE MARKER
CIR. HOLE WITH 10# MUD

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 JULY 28, 1998
TYPE OR PRINT NAME DOROTHEA LOGAN TELEPHONE NO. (915) 684-7441

(This space for State Use) EDWARD WILLIAMS
DEPUTY COMMISSIONER

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: