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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDARY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR NOTICES TO ABANDON OR TO CEMENT OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO PLUG BACK TO A DIFFERENT RESERVOIR.)		50. Indicate Type of Lease State ☐ Fee ☒ 51. State Oil & Gas Lease No.
1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER 2. Name of Operator Maralo, Inc. 3. Address of Operator P. O. Box 832, Midland, Texas 79702 4. Location of Well UNIT LETTER <u>A</u> <u>1050</u> FEET FROM THE <u>North</u> LINE AND <u>1100</u> FEET FROM <u>East</u> THE <u>13</u> LINE, SECTION <u>25-S</u> TOWNSHIP <u>36-E</u> RANGE <u>36-E</u> NMPM.		7. Unit Approval Date Jalmat Yates Unit 8. Form of Lease Name Jalmat Yates Unit 9. Well No. Unit #15 10. Field and Pool, or Wildcat Jalmat
15. Elevation (Show whether DF, KT, GR, etc.) 3186.54GL		12. County Lea

16. 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 ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☒	OTHER ☐

17. 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.

Ran 3570' 5 1/2" 15.50# K-55, ST&C casing. Set @ 3570'. Cemented with 800 sx Halliburton lite, containing 15# salt & 1/4# flocele per sx, tail in with 300 sx Class "C" 50/50 posmix with 3# salt & 1/4# flocele per sx. Cement circulated. Plug down @ 9:45 a.m. 9-27-79. Tested casing 750#, 15 minutes. Tested okay.

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

SIGNED <u>Jerry Sexton</u>	TITLE <u>Production Clerk</u>	DATE <u>10-3-79</u>
APPROVED BY <u>Don L. Supp</u>	TITLE <u></u>	DATE <u>10-5-1979</u>
CONDITIONS OF APPROVAL, IF ANY:		