

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒

5. 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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection	7. Unit Agreement Name Jalmat Yates Unit
2. Name of Operator Maralo, Inc.	8. Farm or Lease Name
3. Address of Operator P. O. Box 832, Midland, Texas 79702 0832	9. Well No. 28
4. Location of Well UNIT LETTER G 2540 FEET FROM THE North LINE AND 2530 FEET FROM THE East LINE, SECTION 13 TOWNSHIP 25-S RANGE 36-E N.M.P.M.	10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 3133.05 GL	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

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.

Proposed Operation - Acidize perms.

RU HOWCO. Acidize perms w/3000 gals 15% NEFE + 750 SCF N₂/bbl + 65 ball sealers.
Anticipate a rate of 5 - 6 BPM. If ball out should occur, surge off balls and continue treatment.

Flow well back.

Resume injection and monitor.

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

SIGNED Brenda Coffman TITLE Agent DATE 5-16-84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAY 23 1984

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 21 1984

**O.C.D.
HOBBS OFFICE**