

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator MARALEX Resources, Inc.		Well API No. 30-045-28292
Address 518 17th Street, Suite 1030, Denver, Colorado 80202		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Graham "B" W.N. Federal	Well No. 9	Pool Name, Including Formation Basin-Fruitland Coal Gas	Kind of Lease State Federal <input checked="" type="checkbox"/>	Lease No. NM-05791
Location				
Unit Letter K	1485	Feet From The South	Line and 1517	Feet From The North
Section 3	Township 27-N	Range 8-W	NMPM, San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
None		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	P. O. Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks. None	Unit	Sec.
	Twp.	Rge.
		Is gas actually connected? No
		When? 01-31-91 (Approximate)

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 11-05-90	Date Compl. Ready to Prod. 12-04-90		Total Depth 2220'		P.B.T.D. 2173'			
Elevations (DF, RKB, RT, GR, etc.) 5853' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1922.5		Tubing Depth 2087'			
Perforations 2060'-2087' & 1922.5'-2041'					Depth Casing Shoes 2211.94'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	334'	200 sx Class B w/2% CaCl
7 7/8"	5 1/2"	2214'	225 sx Pace Setter Lite
	2 3/8"	2087'	+ 100 sx Class B w/1% FloLok

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

RECEIVED
FEB 04 1991

GAS WELL

Actual Prod. Test - MCF/D 266	Length of Test 24 Hrs.	Bbls. Condensate/MCF 0	Bbls. Condensate -
Testing Method (pilot, back pr.) Orifice	Tubing Pressure (Shut-in) 305	Casing Pressure (Shut-in) 305	Choke Size 1/4"

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature C. A. Baze
Carrie A. Baze Regulatory Agent
Printed Name
1-25-91 915/683-2734 or 915/694-6107
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 21 1991

By Original Signed by CHARLES GHOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.