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Appropriate District Office
PISTRICT |
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## DISTRICT II P.O. Drawer DD, Antesia, NM 88210

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION

oo kie biaas kit, Aast, Mil 67410	REQUEST FOR ALLOWABLE AND AUTHORIZATION
•	TO TRANSPORT OIL AND NATURAL GAS

Operator								Well API No.			
MARALEX Resources, Inc.							30-045-28392				
Address 518 17th St., Su:	ite 103	O. Der	ive	r. Colora	ado 8020	12					
Reason(s) for Filing (Check proper box)	100	, , ,		1, 00101		et (Please expl	ain)				
New Well		Change in	Tra	nsporter of:	_		•				
Recompletion	Oil		Dŋ	y Gas							
Change in Operator	Casinghea	d Gas 🗌	Co	ndensate 🗌							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA		1-								
Lease Name Graham "B" W.N. Feder:	Weil No.   Pool Name, Includi						Kind of Lease State, Federal or Fee		05791		
Location D W.N. Teder	-		1_2	asin ita.	I C I G I C	,0a1 0a5			INFI	03731	
Unit Letter N	. :9	90'	. Fee	t From The So	outh Lin	e and149	0' Fe	et From The	West	Line	
Section 4 Township	27-N	<u> </u>	Rat	age 8-W	, N	мрм,		San J	uan	County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	II. A	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conden				e address to wh	ich approved	copy of this f	orm is to be se	nı)	
None											
-	Name of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978					
El Paso Natural Gas If well produces oil or liquids,	l Unit	Sec.	Tw	p. Rge.	Is gas actuall		, El Pa		19918		
give location of tanks. None	1	Jun.		""		No		•	ruary 1	5, 1991	
If this production is commingled with that i	from any oth	er lease or	pool,	give commingli	ing order numi	ber:					
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	ļ	Gas Weil X	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	i. Ready to	Prox		Total Depth			P.B.T.D.		<del></del>	
11-18-90	<u> </u>	1 <del>_09</del> =9			3051'			2973'			
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
6727' GR, 6740' KB Fruitland Coal				2810' 2851'  Depth Casing Shoe							
2862'-2911' &	2810'-	2829 <b>'</b>			1				3046'		
	Т	UBING,	CA	SING AND	CEMENTING RECORD						
HOLE SIZE		SING & TL			DEPTH SET			SACKS CEMENT			
12 1/4"		5/8" (			303'			235 sx Class B w/2% CaCl			
7 7/8 <b>"</b>	5	1/2" (	as	ing		3047				tter Lite	
								& 100 s	sx Class	<u>B</u>	
V. TEST DATA AND REQUES	T FOR A	3/8' I	ub:	ing F		2851 <b>'</b>					
					be equal to or	exceed too allo	wable for this	depth or be f	or full 24 how	·x.)	
Date First New Oil Rus To Tank Date of Test					be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)						
							CCE	LVE	M		
Length of Test	Tubing Pres	ESTATO			Casing Pressu	~ K '	<b>*</b> • •	Thomas Since	111	}	
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.		FEB1 9	199 MCF	<u> </u>		
GAS WELL	<u> </u>					OI	CON	. DIV	<u> </u>		
Actual Prod. Test - MCF/D	Length of				Bbls. Conden		DIST.	vity of C	ondensate		
1125		24 Hrs			() Casing Pressure (Shut-in)			Charles C'as			
Testing Method (pitot, back pr.) Orifice	Tubing Pressure (Shut-in) 300			Casing Press.	300		Choke Size	1 / / !!			
	ATE OF		7 7 4	NCE				L	1/4"		
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above					c	88.					
is true and complete to the best of my k	nowledge an	d belief.			Date	Approved	d	PR 1	<u> </u>		
Garrie A B.				<b> </b>							
Signature Consider A. Bosse				By Original Signed by FRANK T. CHAVEZ							
Carrie A. Baze Regulatory Agent				Title SUPERVISOR DISTRICT # 3							
2-14-91 915/683-	<u>2734 &amp; </u>	915/69			Title	301	-CKVISUH	DISTRIC	1#3	· · · · · · · · · · · · · · · · · · ·	
Date		Tele	phon	e No.	11						

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.