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Appropriate District Office
DISTRICT I
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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator MARALEX Resources, Inc.	Well API No. 30-045-28435
Address 410 17th Street, Suite 220, 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 "C" NW Federal Comm.	Well No. 10	Pool Name, Including Formation Basin-Fruitland Coal	Kind of Lease State Federal or State	Lease No. NMNM05750
Location Unit Letter C : 1955 Feet From The North Line and 1715 Feet From The East Line Section 9 Township 27N Range 8W, 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"/> None	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 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? Approx 8-31-91

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 4-27-91	Date Compl. Ready to Prod. 6-17-91		Total Depth 2280'		P.B.T.D. 2230'			
Elevations (DF, RKB, RT, GR, etc.) 5939' GR, 5952' KB	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 2036'		Tubing Depth 2144'			
Perforations 2036' - 2055' & 2077' - 2122'					Depth Casing Shoe 2279'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		296'		250 sx Class B w/2% CaCl			
7 7/8"	5 1/2"		2279'		200 sx Pace Setter Lite			
	2 3/8"		2144		+ 125 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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

RECEIVED
AUG 22 1991
OIL CON. DIV.

GAS WELL

Actual Prod. Test - MCF/D 153	Length of Test 24 Hr.	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.) Orifice	Tubing Pressure (Shut-in) 465	Casing Pressure (Shut-in) 560	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 Carrie A. Baze
Carrie A. Baze Regulatory Agent
Printed Name
8-19-91 915/683-2734 or 915/
Date 694-6107 Telephone No.

OIL CONSERVATION DIVISION

AUG 22 1991

Date Approved

By

Brian J. Chung

SUPERVISOR DISTRICT #3

Title

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.