

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. 30-045-28436
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 Oxnard W.N. Federal	Well No. 12	Pool Name, including Formation Basin-Fruitland Coal Gas	Kind of Lease <input checked="" type="checkbox"/> State, Federal or Private	Lease No. NMSF078476
Location				
Unit Letter B	: 880	Feet From The North	Line and 1580	Feet From The East
Section 11	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"/>	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, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
None		
	Twp.	Rge.
Is gas actually connected?	When?	
No	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 4-23-91	Date Compl. Ready to Prod. 8-12-91	Total Depth 3090'	P.B.T.D. 3048'					
Elevations (DF, RKB, RT, GR, etc.) 6623' GR, 6636' KB	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 2810'	Tubing Depth 2958'					
Perforations 2810' - 2937'	Depth Casing Shoe 3090'							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	330'	250 sx Class B w/2% CaCl
7 7/8"	5 1/2"	3090'	320 sx Pace Setter Lite +
			100 sx Class B
	2 3/8"	2958'	420 sx Total

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.

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DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 299	Length of Test 24 Hours	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.) Orifice	Tubing Pressure (Shut-in) 345	Casing Pressure (Shut-in) 475	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 915/694-6107 Title
8-19-91 915/683-2734
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 12 1991

By ORIGINAL SIGNED BY ERNIE BUSCH

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.