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 Appropriate District Office  
**DISTRICT I**  
 P.O. Box 1980, Hobbs, NM 88240

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

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

Energy, Minerals and Natural Resources Department

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

REVISED 1-1-87  
 See Instructions  
 at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

**I. OPERATOR**

Operator: Maralex Resources, Inc. Well API No. 30-045-28828

Address: P. O. Box 421, Blanco, NM 87412-0421

Reason(s) for Filing (Check proper box):  
 New Well   Other (Please explain)  
 Recompletion  Change in Transporter of:  
 Change in Operator  Oil  Dry Gas   
 Casinghead Gas  Condensate

If change of operator give name and address of previous operator \_\_\_\_\_

**RECEIVED**  
 FEB - 3 1994  
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**II. DESCRIPTION OF WELL AND LEASE**

Lease Name: Gallegos Federal 26-13-9 Well No. 1 Pool Name, including Formation: Basin Fruitland Coal Kind of Lease: 30000, Federal 280000 Lease No. NM-12235

Location: Unit Letter H 2250 Feet From The North Line and 790 Feet From The East Line  
 Section 9 Township 26N Range 13W NMPM, San Juan County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate   
 Gary-Williams Energy Corporation, 28049/14 Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Bloomfield, NM 87413

Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
 El Paso Natural Gas Company, 28049/15 Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499

If well produces oil or liquids, give location of tanks. Unit H Soc. 9 Twp. 26N Rge. 13W Is gas actually connected? No When? Approx 9/24/93

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: 12-27-92	Date Compl. Ready to Prod.: 6-16-93	Total Depth: 1564'	P.B.T.D.: 1455'					
Elevations (DF, RKB, RT, GR, etc.): 6278' GR	Name of Producing Formation: Fruitland Coal	Top Oil/Gas Pay: 1349'	Tubing Depth: 1394'					
Perforations: 1349'-1367'			Depth Casing Shoe: 1560'					

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8 3/4"	7"	125'	150 sx Class B w/2% CaCl
6 1/4"	4 1/2"	1560'	95 sx Class B w/2% Meta-Silicate + 75 sx Class B w/2% CaCl
	2-3/8"	1394'	

**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 WELL** ST - WC PL Connection/Initial Potential Test - Will submit when tested.

Actual Prod. Test - MCF/D: \_\_\_\_\_ Length of Test: \_\_\_\_\_ Bbls. Condensate/MMCF: \_\_\_\_\_ Cavity of Condensate: \_\_\_\_\_

Testing Method (pilot, back pr.): \_\_\_\_\_ Tubing Pressure (Shut-in): 180 Casing Pressure (Shut-in): 180

**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.

*Marcia McCracken*  
 Signature: Marcia McCracken Agent  
 Printed Name: Marcia McCracken Title: \_\_\_\_\_  
 Date: 9/10/93 Telephone No.: (505) 325-5599

**OIL CONSERVATION DIVISION**

Date Approved: FEB - 3 1994

By: *[Signature]*  
 Title: SUPERVISOR DISTRICT #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.