

OIL CONSERVATION DIVISION

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

See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Maralex Resources, Inc.		Well API No. 30-045-28831
Address P. O. Box 421, Blanco, NM 87412-0421		
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 Gallegos Federal 26-11-17	Well No. 1	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State Federal 2008	Lease No. SF079679
Location Unit Letter <u>A</u> <u>920</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>17</u> Township <u>26N</u> Range <u>11W</u> <u>NMPM</u> San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Gary-Williams Energy Corporation	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 <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 4990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 17	Twp. 26N	Rge. 11W	Is gas actually connected? No	When? Approx 8/27/93

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 12-31-92	Date Compl. Ready to Prod. 6-23-93	Total Depth 1625'		P.B.T.D. 1580'				
Elevations (DF, RKB, RT, GR, etc.) 6215' GL	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 1488'		Tubing Depth 1524'				
Perforations 1488'-1498'				Depth Casing Shoe 1608'				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8 3/4"	7"	130'	50 sx Class B w/2% CaCl
6 1/4"	4 1/2"	1609'	120 sx Class B w/2% Meta
			Silicate & 75 sx Class B
	2-3/8"	1524'	w/2% CaCl

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 24 hours or be for full 24 hours.)

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

GAS WELL

SI - WO PL Connection/Initial Potential Test - Will Submit when test

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in) 180	Casing Pressure (Shut-in) 180	Choke Size

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
8/23/93 (505) 325-5599
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 23 1993

By Brian J. Chung
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.