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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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator MARALEX RESOURCES, INC.		Well API No. 30-045-28858
Address PO Box 421, Blanco, NM 87412-0421		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Water pool 2805362
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator <u>El Paso Natural Gas Company</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gallegos Fed 26-11-17	Well No. 2	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease <del>State</del> , Federal <del>XXX</del>	Lease No. SF079679
Location Unit Letter <u>K</u> : <u>2350</u> Feet From The <u>S</u> Line and <u>1650</u> Feet From The <u>W</u> Line Section <u>17</u> Township <u>26N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> 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 Engery Corp. 2805360	Address (Give address to which approved copy of this form is to be sent) PO Box 159, Bloomfield, NM 87413					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Maralex Resources, Inc. 2805361	Address (Give address to which approved copy of this form is to be sent) PO Box 421, Blanco, NM 87412-0421					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 17	Twp. 26N	Rge. 11W	Is gas actually connected? yes	When? 9/22/93

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Remarks						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 type of well for 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 <u>NOV 12 1993</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	<b>OIL CON. DIV.</b> <b>DIST. 2</b>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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 Production Tech  
Printed Name  
11/10/93 (505) 325-5599  
Date Telephone No.

OIL CONSERVATION DIVISION  
NOV 12 1993

Date Approved \_\_\_\_\_  
By Burt D. Chum  
SUPERVISOR DISTRICT 12  
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