

# OIL CONSERVATION DIVISION

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

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

Operator Maralex Resources, Inc.		Well API No. 30-045-28881
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 26-13-1	Well No. 1	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease <del>30000</del> Federal <del>280F06</del>	Lease No. SF080238A
Location				
Unit Letter B	828	Feet From The North	Line and 1674	Feet From The East
Section 1	Township 26N	Range 13W	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"/>	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"/>	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 B	Sec. 1
	Twsp. 26N	Rge. 13W
Is gas actually connected? No		When? Approx Sept 13, 1993

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 12-26-92	Date Compl. Ready to Prod. 6-18-93		Total Depth 1349'		P.B.T.D. 1304'			
Elevations (DF, RKB, RT, GR, etc.) 6011' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1158'		Tubing Depth 1202'			
Perforations 1158'-1177'					Depth Casing Shoe 1342'			

### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8 3/4"	7"	132'	50 sx Class Bw/2% CaCl
6 1/4"	4 1/2"	1344'	90 sx Class Bw/2% Meta-
			Silicate + 75 Bbls
	2-3/8"	1202'	Class Bw/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 this depth or be for (24 hours))		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tank	Date of Test	Casing Pressure	Choke Size SEP -1 1993
Length of Test	Tubing Pressure	Water - Bbls.	Gas - <b>OIL CON. DIV.</b>
Actual Prod. During Test	Oil - Bbls.		<b>DIST. 3</b>

GAS WELL <u>WO PL Connection/Initial Potential Test</u> - Will submit when tested.			
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 August 31, 1993 (505) 325-5599

Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved OCT 13 1993

By Original Signed by CHARLES GHOLSON

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.