

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 11/89  
See Instructions  
at Bottom of Page

## 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. 30-045-28882
Address P. O. Box 421, Blanco, NM 87412-0421		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input 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		

**RECEIVED**  
JAN 9 1993  
OIL CON. DIV.  
DIST. 3

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name Gallegos Federal 26-13-1	Well No. 2	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease Federal Offshore	Lease No. SF080219A
Location Unit Letter <u>M</u> : <u>1275</u> Feet From The <u>South</u> Line and <u>1283</u> Feet From The <u>West</u> Line Section <u>1</u> Township <u>26N</u> Range <u>13W</u> <u>NMPM</u> San Juan <u>County</u>				

#### 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 M	Sec. 1	Twp. 26N	Rge. 13W	Is gas actually connected? -	When? -

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 12-15-92	Date Compl. Ready to Prod. 12-23-92		Total Depth 1350'		P.B.T.D. 1301' KB			
Elevations (DF, RKB, RT, GR, etc.) 5995' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1047'		Tubing Depth 1200'			
Perforations 1187'-1208', 1122'-1126', 1094'-1101', & 1047'-1052'					Depth Casing Shoe 1344'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8 3/4"	7"		133'		50 sx Class B w/2% CaCl			
6 1/4"	4 1/2"		1346'		90 sx Class B w/2% MeqAS			
	2 3/8"		1200'		+ 75 sx Class B 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 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 - MCF

#### GAS WELL SI - Waiting on Potential Test - Will submit when well is tested.

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 100 psi	Casing Pressure (Shut-in) 240 psi	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.

Signature Carrie A. Baze  
Carrie A. Baze Agent  
Printed Name  
Date 01/05/93 Title  
(915) 694-6107 Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved JAN 2 1993  
By Original Signed by FRANK T. CHAVEZ  
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.