

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

I.

Operator Maralex Resources, Inc.	Well API No. 30-045-28899
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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gallegos Federal 26-12-7	Well No. 1	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease <del>3024X</del> Federal <del>304934</del>	Lease No. NM-22046
Location Unit Letter <u>K</u> : <u>2482</u> Feet From The <u>South</u> Line and <u>1413</u> Feet From The <u>West</u> Line Section <u>7</u> Township <u>26N</u> Range <u>12W</u> , <u>NMPM</u> , <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 Energy Corporation <u>2816583</u>	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 <u>MAR 2806584</u>	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 <u>K</u> Sec. <u>7</u> Twp. <u>26N</u> Rge. <u>10W</u>	Is gas actually connected? <u>No</u> When? <u>Approx 8/27/93 10-18-93</u>

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 1305'		P.B.T.D. 1260'			
Elevations (DF, RKB, RT, GR, etc.) 5977' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1131'		Tubing Depth 1179'			
Perforations 1131'-1150'					Depth Casing Shoe 1297'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8 3/4"	7"	126'	50 sx Class Bw/2% CaCl
6 1/4"	4 1/2"	1298'	85 sx Class Bw/2% Meta-
			Silicate + 75 sx Class B
	2 3/8"	1179'	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 the well 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

**OIL CON. DIV. DIST. 3**  
**AUG 23 1993**

GAS WELL ST - WO PL Connection/Initial Potential Test - 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  
8/23/93 Date (505) 325-5599 Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 23 1993

By [Signature]  
SUPERVISOR DISTRICT #3

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 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.