

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

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. 30-045-28319
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 Hammond W.N. Federal 6324	Well No. 12	Pool Name, including Formation Basin-Fruitland Coal Gas	Kind of Lease State (Federal or Fee)	Lease No. SF-078480
Location				
Unit Letter G	2230	Feet From The North	Line and 1350	Feet From The East
Section 35	Township 27-N	Range 8-W	NMPM	San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
None		
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)	
El Paso Natural Gas 2811531	P. O. Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks. None	Unit	Sec.
	Twp.	Rge.
		Is gas actually connected? Yes
		When? 1-31-91

If this production is commingled with that from any other lease or pool, give commingling order number:

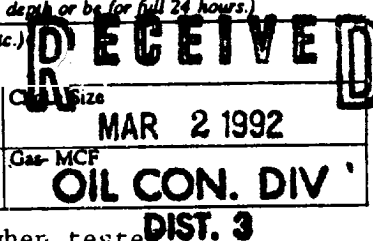
IV. COMPLETION DATA

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 11-27-90	Date Compl. Ready to Prod. 01-21-91	Total Depth 2267'	P.B.T.D. 2209'					
Elevations (DF, RKB, RT, GR, etc.) 6083' GL, 6096' KB	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 1986'	Tubing Depth 2012'					
Perforations 2134'-2138', 2116'-2118', 2097'-2100', 2016'-2020', 2012'-2014', and		1994'-1996', 1986'-1988'		Depth Casing Shoe 2264'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"	305'		250 sx Class B w/2% CaCl				
7 7/8"	5 1/2"	2265'		230 sx HLC w/6% Gel &				
				100 sx Class B				
	2 3/8"	2012'						

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 * Well capable of commercial production - will submit IP when tested.

Actual Prod. Test - MCF/D *	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 160 psi	Casing Pressure (Shut-in) 200 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
Printed Name
2-26-92
Date
Regulatory Agent
Title
(915) 694/6107
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
MAR 2 1992

By
SUPERVISOR DISTRICT 3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.