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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

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

I.

Operator MARALEX RESOURCES, INC.	Well API No. 30-045-28908
Address PO Box 338, Ignacio, CO 81137	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change of Well Name from Shiotani #3 Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> to Tak Well #1 <i>Name change only</i>	
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tak Well	Well No. 1	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State Federal Net	Lease No. NM048572
Location Unit Letter <u>H</u> : <u>2025</u> Feet From The <u>North</u> Line and <u>955</u> Feet From The <u>East</u> Line Section <u>7</u> Township <u>29N</u> Range <u>12W</u> , 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 checked="" type="checkbox"/> Gary Williams Energy Corporation	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 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) PO Box 4990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 7	Twp. 29N	Rge. 12W	Is gas actually connected? Yes	When? 5/11/93

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
		X						
Date Spudded 12-26-92	Date Compl. Ready to Prod. 3-19-93		Total Depth 1812'		P.B.T.D. 1767'			
Elevations (DF, RKB, RT, GR, etc.) GL 5659'	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1602'		Tubing Depth 1664'			
Perforations 1620'-1645' & 1602'-1606'					Depth Casing Shoe 1806'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		218'		165 sx Class B w/2% CaCl ₂			
7-7/8"	5-1/2"		1807'		165 sx Pacesetter Lite			
	2-3/8"		1664'		w/6% gel + 100 sx Class B w/1% CF-14 & .4% Thrifty			

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.	

RECEIVED
JAN 26 1994

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Gas
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 Technician
Printed Name
1/24/94 (303) 563-4000
Date Telephone No.

OIL CONSERVATION DIVISION
JAN 26 1994
Date Approved
By *Barry Shoy*
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 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.