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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 1-1-89
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. <i>13854</i>		Well API No. 30-045-28857
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 type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change of Operator
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Effective Date 12/16/92
Change in Operator <input checked="" type="checkbox"/>		
If change of operator give name and address of previous operator SG Interests I, Ltd, P. O. Box 421, Blanco, NM 87412-0421		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Brimhall 30-11-18 <i>13854</i>	Well No. 2	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease Specialty/Leasehold Fee	Lease No.
Location Unit Letter <u>A</u> : <u>955</u> Feet From The <u>North</u> Line and <u>895</u> Feet From The <u>East</u> Line Section <u>18</u> Township <u>30N</u> Range <u>11W</u> , <u>NMPM</u> , 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					
Gary-Williams Energy Corporation <i>2224116</i>						
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					
El Paso Natural Gas Company <i>2224130</i>						
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 18	Twsp. 30N	Rge. 11W	Is gas actually connected? Yes	When? 4/30/93

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

IV. COMPLETION DATA *2224150*

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations				Depth Casing Shoe				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 80% allowable for this depth or be for full 24-hours.)

Date First New Oil Run To Tank	Date of Test	Flowing Method (Flow, pump, gas lift, etc.)	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

RECEIVED
SEP 23 1993
OIL CON. DIV DIST. 3
MAY 13 1993
OIL CON. DIV DIST. 3

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 Agent
Printed Name Carrie A. Baze Title
Date 5/11/93 Telephone No. (915) 694-6107

OIL CONSERVATION DIVISION

SEP 23 1993
Date Approved _____
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.