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Energy, ?

State of New Mexico als 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| rator | | | | | | Well A | ri No. | | |
|--|-----------------------------------|-------------------|--|--|----------------------|----------------|----------------------|----------------|------------|
| Maralo, Inc. | | | | | | | | | |
| ## DO Pov 932 | Midland The | 70 | 702 | | | | | | ļ |
| P.O. Box 832, 1 on(s) for Filing (Check proper box) | Mulain, ix | • 19 | 702 | Other | (Please explain | n) | | | |
| Well | Change | in Transp | orter of: | ٠ | | • | | | |
| | Oil [| Dry G | | | | | | | |
| mpletion U ge in Operator | Casinghead Gas X | | | | | | | | |
| nge of operator give name ddress of previous operator | Cangilla Ou - | | | | • | | | | |
| | ANDIGACE | | | | | | | | |
| DESCRIPTION OF WELL | Well N | o Pool I | Name, Includin | e Formation | | | (Lease | Lei | ise No. |
| Name Mr. D. Colf | i . | 1 | | | ivers Qu | State (1 | ederal or Fee | 04-E-6 | 5-26S-38E |
| M. D. Self | | | ligitte va | | IVELS VIII | | | | |
| ation E | . 1652 16 | 51.48 | No | orth 1:00 | and330 | Fe | et From The | West | Line |
| Unit Letter | : | Feet I | From the 110 | <u> 1 C11 </u> | *IN | | 3, 110, 1110 <u></u> | | |
| Section 6 Township | 26S | Rang | e 38E | , NM | ирм, Le | a | | | County |
| · | <u> </u> | | | | | | | | |
| DESIGNATION OF TRAN | SPORTER OF | OIL A | ND NATUI | RAL GAS | | ish answered | come of this for | m is so he ses | v) |
| e of Authorized Transporter of Oil or Condensate | | | | Address (Give data as to which approved topy of | | | | | |
| exas-New Mexico Pipeline | | | | P.O. Box 2528, Hobbs, New Mexico 88240 Address (Give address to which approved copy of this form is to be sent) | | | | | |
| ne of Authorized Transporter of Casin | | | y Gas | | | | | |)2 |
| sid Richardson Carbon | | | | ls gas actually | | FT. WO | rth, Texa | 15 | |
| vell produces oil or liquids, | Unit Sec. | Twp | • | | Commedical | | v. 1, 199 | 3 1 | |
| location of tanks. | E 6 | 26 | | Yes | * | | | | |
| is production is commingled with that | from any other lease | or pool, (| | ME COOR IMIN | Eff. 3/1/9 | J. | | | |
| COMPLETION DATA S | | | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Designate Type of Completion | - (X) I | 1 I | Gas Well | 1 | | i ' | i | | <u></u> |
| | Date Compl. Read | y to Prod | | Total Depth | L | <u> </u> | P.B.T.D. | | |
| e Spudded | 220 00 | , | | | | | | | |
| ations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | Top Oil/Gas Pay | | | Tubing Depth | | |
| AUDIS (DF, KAB, KI, OK, ELL) | | | | | | 6 | | | |
| forations | <u></u> | | | | | | Depth Casing | Shoe | |
| | | | | | | | | | |
| | TUBIN | IG, CA | SING AND | CEMENTI | NG RECOR | <u>D</u> | | 1040 0514 | |
| HOLE SIZE | CASING 8 | TUBING | G SIZE | 1 | DEPTH SET | | <u>s</u> | ACKS CEM | ENI |
| 11012 0122 | | | | | | | | | |
| | | | | | | | | | |
| | | | | <u> </u> | •. | | | | |
| • | | | 12 | | | | _ <u></u> | <u> </u> | |
| TEST DATA AND REQUE | ST FOR ALLC recovery of total vol | WABL | e lle - 4 - 21 - 22 d'anness | u ha anual ta a | r exceed top all | owable for th | is depth or be f | or full 24 how | ors.) |
| L WELL (Test must be after | recovery of Iolai vol | ume of to | aa ou ana mus | Producing N | lethod (Flow, p | ump, gas lift, | etc.) | | |
| ate First New Oil Run To Tank | Date of Test | | | 110000 | | | | | |
| | | | | Casing Pres | ente | | Choke Size . | | |
| ength of Test | Tubing Pressure | | | | | | | | |
| | | | Water - Bbls. | | | Gas- MCF | | | |
| cnial Prod. During Test | Oil - Bbls. | | í | • • | | | | | |
| | | | | | | | | | |
| GAS WELL | | | | This Cond | ensate/MMCF | | Gravity of G | Condensate | <u>,</u> |
| ctual Prod. Test - MCF/D | Length of Test | | | Boil. Condensation | | | | | |
| | Tubing Pressure (Shut-in) | | | Casing Pressure (Shut-in) | | | Choke Size | | |
| esting Method (pitot, back pr.) | Tubing Pressure | (2um-m) | | <u> </u> | • | | | | |
| | | | | | | | | | |
| I. OPERATOR CERTIFI | CATE OF CO | OMPLI | ANCE | | OIL CO | NSER' | VATION | DIVISI | ON |
| the sales and the the sales and the | nulations of the Oil C | OUZELAST | Oli | | | | | | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above | | | | | FEB 17'92 | | | | |
| is true and complete to the best of m | ly knowledge and be | nei. | | Da | te Approv | ea | | | |
| 7 1 1 | 10 ~ | (- | 75) | 11 | A = 1 = 1 · · | | | , | |
| thanda Co | KMUN | | 177 | ⊦ By | ORIGIN | | D BY JERRY | | |
| Signature Brenda Coffma | IJ) | Age | ant | | | DISTRICT | I SUPERVISO | JK | |
| Brenda Corimai | 4 C | | ille | · Tit | le | | | | <u></u> |
| Printed Name 2-12-92 | 915 | -684 - | | . ••• | DEC | OBD | ONLY | , v | R 30 19 |
| Data | | Teleph | one No. | | V VIC | UNU | V 176 1 | AP | 7 00 10 |
| | | | | | | | | | |

- 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
- 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.