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 Appropriate District Office
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DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
 Encl. 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

Operator Maralo, Inc.	Well API No. 30-025-31894 ✓
Address P. O. Box 832, Midland, TX 79702	
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 _____

**THIS WELL HAS BEEN PLACED IN THE POOL
 DESIGNATED BELOW. IF YOU DO NOT CONCUR
 NOTIFY THIS OFFICE.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bondurant 2 State	Well No. 2	Pool Name, Including Formation Buffalo (Yates)	Kind of Lease <input checked="" type="radio"/> State <input type="radio"/> Federal or Fee	Lease No. V-3750
Location Unit Letter J : 2310 Feet From The South Line and 2310 Feet From The East Line Section 2 Township 19S Range 32E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline Co. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436, Abilene, TX 79604				
Name of Authorized Transporter of Casinghead Gas Conoco, Inc. <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 10 Desta Drive, Suite 550E, Midland, TX 79705				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 2	Twp. 19S	Rge. 32E	Is gas actually connected? yes When? 05-02-93

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 XXX	Gas Well	New Well XXX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 03-10-93	Date Compl. Ready to Prod. 04-04-93	Total Depth 3700'			P.B.T.D. 3655'			
Elevations (DF, RKB, RT, GR, etc.) 3687.5 GL	Name of Producing Formation Yates	Top Oil/Gas Pay 3477'			Tubing Depth 3464'			
Perforations 3477 - 3486'				Depth Casing Shoe -				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	455'	350 sxs Class "C"
7-7/8"	5-1/2"	3700'	700 sxs Halco Lt. tailed w/200 sxs 50/50 Poz Mix

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 04-05-93	Date of Test 05-02-93	Producing Method (Flow, pump, gas lift, etc.) pumping 2" X 1 1/2" x 12' pump	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure	Choke Size -
Actual Prod. During Test 46	Oil - Bbls. 41	Water - Bbls. 5	Gas- MCF 22

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

Signature *Dorothea Owens*
Dorothea Owens

Printed Name **05-10-93** Title **(915) 684-7441**
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAY 11 1993**

By *Paul Kautz*
Paul Kautz
 Geologist

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.