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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.	Well API No. 30-045-28446
Address 518 17th St., Denver, CO 80202	
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 Marron W.N. Federal Comm.	Well No. 9	Pool Name, Including Formation Basin-Fruitland Coal Gas	Kind of Lease State, Federal or Fee	Lease No. NM-03605A
Location				
Unit Letter H	1760	Feet From The North	Line and 360	Feet From The East
Section 27	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 Company	P. O. Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
None		
	Twp.	Rge.
Is gas actually connected?	When?	
Yes	Feb. 22, 1991	

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 11-30-90	Date Compl. Ready to Prod. 1-17-91	Total Depth 2357'	P.B.T.D. 2292'					
Elevations (DF, RKB, RT, GR, etc.) 6086' GR, 6099' KB	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 2007'	Tubing Depth 2107'					
Perforations 2160'-2177' & 2007'-2122'	Depth Casing Shoe 2344'							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	320'	225 sx Class B
7 7/8"	5 1/2"	2344'	230 sx Pace Setter Lite
			+ 100 sx Class B
	2 3/8"	2107'	

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

RECEIVED
MAR 28 1991

GAS WELL

Actual Prod. Test - MCF/D 172	Length of Test 12	Bbls. Condensate/MMCF 0	OIL CON. DIV. DIST.-3
Testing Method (pilot, back pr.) Orifice	Tubing Pressure (Shut-in) 325	Casing Pressure (Shut-in) 620	Choke Size 1/4"

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
Carrie A. Baze Regulatory Agent
Printed Name
2-25-91 915/683-2734 & 915/694-6107
Date Telephone No.

OIL CONSERVATION DIVISION

MAR 04 1991

Date Approved
By Barry J. Chang
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.