District I PO Box 1980, Hobbs, NM 88241-1980 District II

State of New Mexico
Energy, Minerals & Natural Resources Department

PC Drawer DD, Artesia, NM 88211-0719

Form C-104/5F

Revised February 10, 1994 L. T

Instructions on back
Submit to Appropriate District Office G. T

5 Copies

OIL CONSERVATION DIVISION

District III	D1 4 .	<b>ND 6 00</b> 440			PO Box	2088	71 7 101	OIV	545	un w A	ppropri	5 Copies		
1000 Rio Brazos District IV	Kd., Aziec	L, NM 87410		Santa 1	Fe, NM	87504	-2088			_	<b>-</b>			
PO Box 2088, &			T TOT							<b>L</b>		ENDED REPORT		
I.	<u> </u>	EQUES"	Γ FOR A	LOWAI	BLE AN	D AU	THOR	IZAT	ON TO T	RANS	PORT	1		
Operator name and Address MARALO, INC.							01/				OGRID Number			
P. O. BOX 832 MIDLAND, TX 79702							014007							
MIDLANI	), 1X 79	2 							NW	<sup>1</sup> Reason i	for Filing	Code		
40 0 45 40505						Pool Name	VII.)				, ,	Pool Code		
, Pr	operty Cod	e	¹ Property !				Worth			98622 86500				
17151			MILLMAN "3" STATE COM						1			CI NAMOEL		
		Location										<del></del>		
Ul or lot no.	Section	Towaship Range Lot.ldn Feet from the North/South L		uth Line	Feet from the	East/W	est line	County						
<del></del>		198	28E	1980	980 NORTH			2280	WEST		EDDY			
" Bottor		Hole Location Township Range Lot Idn Fee			<del>,</del>									
			Range	Lot Idn	Feet from	Feet from the No		South line Feet from the		East/West line Co		County		
12 Lac Code			Code <sup>14</sup> Gas Connection Date UNK.		te 15 C-	C-129 Permit Number		1	16 C-129 Effective		17 C-129 Expiration Date			
III. Oil and Gas Transporters										<del></del>				
"Transporter OGRID		19 Transporter Name and Address						21 O/G						
015694		NAVAJO REFINING COMPANY				2015053			and Description					
		501 EAST MAIN STREET				2816067 0			F-3-19S-28E					
005108		CONOCO INC.						G	F-3-19S-28E					
		10 DESTA DRIVE, SUITE 550E MIDLAND, TX 79705					1 3 13			<del></del>				
	T.	LULANU, 1	x /9/U5	79705					DECSIME.					
William Contraction	and Se	la constant de la con							RECEIVED					
										\ A.S.				
									or I	7 1995				
						OIL CON. DIN					. 6 –			
IV. Produced Water						POD ULSTR Location and Description								
28160		F	-3-19S-28E		24	POD UL	STR Locat	ion and I	escription	SIG !	E.	· · · · · · · · · · · · · · · · · · ·		
V. Well (	Comple	tion Data			<del></del>		·	<del></del>	· · · · · · · · · · · · · · · · · · ·					
<sup>11</sup> Spe	id Date	<sup>24</sup> Ready Date				n TD			<sup>11</sup> PBTD		2º Perforations			
07/26/95			09/27/95		11	,148'		11,108'		10,953 -10,968'				
™ Hole Size			31 Casing & Tubing Size			<sup>12</sup> Depth Se			4		<sup>13</sup> Sack	<sup>33</sup> Sacks Cement		
17-1/2"			13-3/8"			4021				500 SXS, CIRC TO SURF				
12-1/4"			8-5/8"			2700 '			1025 SXS, TOC @ 150		<b>0</b> 150'			
7-7/8"			5-1/2"			11148'				1150 SXS, TOC @ 6000'				
VI. Well  ** Date N			D. II	т										
09/27/95		M Gas Delivery Date UNK.		" Test Date 10/01/95			" Test Length		<sup>34</sup> Tbg. Pressure			<sup>39</sup> Cag. Pressure		
" Choke Size		41 Oil		10/01/95		CALC 24 HR.		2460 " AOF		Test Method				
13/64"		17.43		-0	0-		3070		7381		F Test Method			
" I hereby certi- with and that th	fy that the r	rules of the Oil	Conservation D	vision have be	en complied		^*	I 00	MOEDS	77.00-				
with and that the information given above is true and complete to the best of my knowledge and belief.							OIL CONSERVATION DIVISION							
Signature: Starther Lagan							Approved by: ORIGINAL SIGNED BY TIM W. GUM							
DOROTHEA LOGAN							Tide: DISTRICT II SUPERVISOR							
REGULATORY ANALYST						Approval Date: 0CT 1 9 1995								
Date: 10/11/95 Phone: (915) 684-7441  To If this is a change of operator fill in the OGRID number and name of the previous														
" If this is a c	pange of or	perator fill in	the OGRID num	ber and name	of the previ	ous opera	lor							
	Previous	Operator Sign	nature			D2	d Na-							
ı			<del>-</del>			rnbu	d Name			T	itle	Date		

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- Operator's name and address 1.
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recomplation

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Include volume requested) requested)

If for any other reason write that reason in this box.

- The API number of this well 4.
- The name of the pool for this completion 5.
- The pool code for this pool 6.
- 7. The property code for this completion
- The property name (well name) for this completion 8.
- The well number for this completion 9.
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- The bottom hole location of this completion 11.
- Lease code from the following table:
  F Federal
  S State
  P Fee ... 12.

Fee Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table: 13. Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter 14.
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17.
- The gas or oil transporter's OGRID number 18.
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table: 21.
  - GAS

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the 24. well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and 32.
- 33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced 34.
- 35. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 36
- Length in hours of the test 37.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- Barrels of oil produced during the test 41.
- Barrels of water produced during the test 42.
- MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 44.
- 45. The method used to test the well:

F Flowing
P Pumping
S Swabbing
If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person