

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Form C-101  
Revised February 10, 1994  
Instructions on back  
Submit to Appropriate District Office  
State Lease - 6 Copies  
Fee Lease - 5 Copies

☐ AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

<sup>1</sup> Operator Name and Address: <b>MARALO, INC. P. O. BOX 832 MIDLAND, TX 79702</b>		<sup>1</sup> OGRID Number <b>014007</b>
		<sup>1</sup> API Number <b>30 - 015-22007</b>
<sup>1</sup> Property Code <b>19004</b>	<sup>1</sup> Property Name <b>HONDO STATE COM.</b>	<sup>1</sup> Well No. <b>1</b>

<sup>7</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Ids	Feet from the	North/South line	Feet from the	East/West line	County
E	32	20S	28E		1980	NORTH	660	WEST	EDDY

<sup>8</sup> Proposed Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Ids	Feet from the	North/South line	Feet from the	East/West line	County

<sup>9</sup> Proposed Pool 1 <b>BURTON FLAT (BONE SPRING ASSOCIATED)</b>	<sup>9</sup> Proposed Pool 2
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<sup>11</sup> Work Type Code <b>S</b>	<sup>11</sup> Well Type Code <b>0</b>	<sup>11</sup> Cable/Rotary <b>R</b>	<sup>11</sup> Lease Type Code <b>P</b>	<sup>11</sup> Ground Level Elevation <b>3227'</b>
<sup>11</sup> Multiple <b>NO</b>	<sup>11</sup> Proposed Depth <b>11,475'</b>	<sup>11</sup> Formation <b>FIRST BONE SPRING</b>	<sup>11</sup> Contractor <b>UNK.</b>	REENTER Spud Date <b>IMMEDIATE</b>

<sup>21</sup> Proposed Casing and Cement Program

Bole Size	Casing Size	Casing weight/foot	Setting Depth	Sections of Cement	Estimated TOC
17 1/2"	13-3/8"	68#	565'	200+400+200 SX + 10 YDS	
12-1/4"	9-5/8"	43.5-53.5#	2,790'	200+900+200+50+50+50+	
				100+50+50+50+50 SX.	
7-7/8"	5-1/2"	17#	11,475'	350 (BY TOOL @10,443'-475 SX)	

<sup>12</sup> Describe the proposed program. If this application is to DEEPEN or PLUG BACK give the data on the present productive zone and proposed new productive zone. Describe the blowout prevention program, if any. Use additional sheets if necessary.

SEE ATTACHED SHEET FOR PLUGBACK PROPOSAL:

<sup>13</sup> I hereby certify that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Dorothea Logan*  
Printed name: **DOROTHEA LOGAN**  
Title: **REGULATORY ANALYST**  
Date: **JULY 3, 1996**  
Phone: **915 684-7441**

OIL CONSERVATION DIVISION

Approved by: \_\_\_\_\_  
Title: \_\_\_\_\_  
Approval Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Conditions of Approval:  
Attached ☐

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

District II

811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-104  
Revised October 18, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Maralo, Inc. P.O. Box 832 Midland, Texas 79702		OGRID Number 014007
Reason for Filing Code CH, Effective May 1, 1996		Pool Code 73260
API Number 30-015-22007	Pool Name West Burton Flat (Atoka) Gas	Well Number 1
Property Code 19004	Property Name Hondo State Com	

II. <sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
E	32	20S	28E		1980	North	660	West	Eddy

<sup>11</sup> Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Lse Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
	Unknown at this time	2817386	O	Issue new POD No. for Maralo, Inc., New Operator
		2817387	G	MAY 28 1996

IV. Produced Water

POD See Item 22	POD ULSTR Location and Description See Item 22 2817388
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations	DHC, DC, MC
Hole Size		Casing & Tubing Size	Depth Set	Sacks Cement	
				Post ID-3	
				6-14-96	
				chg r/p	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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:

Printed name:

Title:

Date:

If this is a change of operator fill in the OGRID number and name of the previous operator  
Exxon Corp. - OGRID #007673

Previous Operator Signature

Charlotte Harper

Approved by:

Title:

Approval Date:

OIL CONSERVATION DIVISION

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

MAY 28 1996

Printed Name

C. H. Harper, Permits Supervisor

Title

Date

**New Mexico Oil Conservation Division  
C-104 Instructions**

**IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT**

**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.**

1. Operator's name and address
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
3. Reason for filing code from the following table:  

NW	New Well
RC	Recompletion
CH	Change of Operator (Include the effective date.)
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)

If for any other reason write that reason in this box.
4. The API number of this well
5. The name of the pool for this completion
6. The pool code for this pool
7. The property code for this completion
8. The property name (well name) for this completion
9. The well number for this completion
10. 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.**
11. The bottom hole location of this completion
12. Lease code from the following table:  

F	Federal
S	State
P	Fee
J	Jicarilla
N	Navajo
U	Ute Mountain Ute
I	Other Indian Tribe
13. The producing method code from the following table:  

F	Flowing
P	Pumping or other artificial lift
14. MO/DA/YR that this completion was first connected to a gas transporter
15. The permit number from the District approved C-129 for this completion
16. MO/DA/YR of the C-129 approval for this completion
17. MO/DA/YR of the expiration of C-129 approval for this completion
18. The gas or oil transporter's OGRID number
19. Name and address of the transporter of the product
20. 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.
21. Product code from the following table:  

O	Oil
G	Gas
22. 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.)
23. 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.
24. 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 Water Tank", "Jones CPD Water Tank", etc.)
25. MO/DA/YR drilling commenced
26. MO/DA/YR this completion was ready to produce
27. Total vertical depth of the well
28. Plugback vertical depth
29. Top and bottom perforation in this completion or casing shoe and TD if openhole
30. Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore.

31. Inside diameter of the well bore
  32. Outside diameter of the casing and tubing
  33. Depth of casing and tubing. If a casing liner show top and bottom.
  34. Number of sacks of cement used per casing string
- If 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.**
35. MO/DA/YR that new oil was first produced
  36. MO/DA/YR that gas was first produced into a pipeline
  37. MO/DA/YR that the following test was completed
  38. Length in hours of the test
  39. Flowing tubing pressure - oil wells  
Shut-in tubing pressure - gas wells
  40. Flowing casing pressure - oil wells  
Shut-in casing pressure - gas wells
  41. Diameter of the choke used in the test
  42. Barrels of oil produced during the test
  43. Barrels of water produced during the test
  44. MCF of gas produced during the test
  45. Gas well calculated absolute open flow in MCF/D
  46. The method used to test the well:  

F	Flowing
P	Pumping
S	Swabbing

If other method please write it in.
  47. 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
  48. 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