

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-104  
Revised February 10, 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 <b>MARALO, INC. P. O. BOX 832 MIDLAND, TX 79702</b>		OGRID Number <b>014007</b>
		Reason for Filing Code <b>CO EFF 06/01/95</b>
API Number <b>30 - 015-28183</b>	Pool Name <b>BURTON FLAT - BONE SPRING ASSOCIATED</b>	Pool Code <b>96241</b>
Property Code <b>006345</b>	Property Name <b>KEYSTONE</b>	Well Number <b>4</b>

II. Surface Location

UL or lot no. <b>F</b>	Section <b>32</b>	Township <b>20S</b>	Range <b>28E</b>	Lot Idn	Feet from the <b>1650</b>	North/South Line <b>NORTH</b>	Feet from the <b>1980</b>	East/West line <b>WEST</b>	County <b>EDDY</b>
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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
Lee Code <b>P</b>	Producing Method Code <b>F</b>	Gas Connection Date <b>01/14/95</b>	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
<b>015694</b>	<b>NAVAJO REFINING COMPANY 501 EAST MAIN STREET ARTESIA, NM 88210</b>	<b>2814003</b>	<b>0</b>	<b>F-32-20S-28E</b>
<b>009171</b>	<b>GPM GAS CORP. 1020 PLAZA OFFICE BLDG. BARTLESVILLE, OK 74004</b>	<b>2814005</b> <b>2012205</b>	<b>6</b>	<b>F-32-20S-28E</b>

IV. Produced Water

POD <b>2814006</b>	POD ULSTR Location and Description <b>F-32-20S-28E</b>
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

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:

**DOROTHEA LOGAN**

**REGULATORY ANALYST**

**MAY 12, 1995**

Phone: **(915) 684-7441**

OIL CONSERVATION DIVISION

Approved by:

Title:

Approval Date:

**ORIGINAL SIGNATURE**

**DISTRICT IV**

**MAY 31 1995**

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date