Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico ergy, Minerals and Natural Resources Departi. ...

ual Kesources Departi. । संदेश का Vall Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

0/5/F

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator MARALO, INC.							Weil API No. 30-015-27366				
Address											
P. O. BOX 832, MID: Reason(s) for Filing (Check proper box)	LAND, T	k 7970	2		[] All	(B)	-/-)				
New Well TEST X Change in Transporter of:						Other (Please explain)					
Recompletion	Oil		•								
Change in Operator	Casinghead	Gas 🚍									
If change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL											
Lease Name CEDAR CANYON "10" FEDERAL 1 CEDAR **** CEDAR ****** CEDAR ***** CEDAR ***** CEDAR ***** CEDAR ***** CEDAR ***** CEDAR **** CEDAR ***** CEDAR ***** CEDAR ***** CEDAR ***** CEDAR **** CEDAR ***** CEDAR ***** CEDAR ***** CEDAR ***** CEDAR **** CEDAR ***** CEDAR ***** CEDAR ***** CEDAR ***** CEDAR **** CEDAR ***** CEDAR **** CEDAR *** CEDAR ** CEDAR **					ing Formation S - BONE SPRINGS			Kind of Lease State Federapor Fee		ease Na. NM-81616	
Location			, OIID	Cany		E DITTIG	D			111 02020	
Unit LetterC	_ :8	380	. Feet Fr	om The N	ORTH Lin	and165	60 Fe	et From The	WEST	Line	
Section 10 Townshi	, NMPM.			EDDY County							
III. DESIGNATION OF TRAN		R OF O	Range L AN	29E D NATU	RAL GAS						
Name of Authorized Transporter of Oil XX or Condensate PRIDE PIPELINE COMPANY						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 Casing	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.	ci	10 24S 39E Y			YES O			en? CTOBER 21, 1993			
If this production is commingled with that in IV. COMPLETION DATA	from any othe	r lease or p	pool, giv	e commingl	ing order numl	per.	·	· · · · · · · · · · · · · · · · · · ·			
Designate Type of Completion	- (X)	Oil Well	1	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
06-18-93 Elevations (DF, RKB, RT, GR, etc.)	07-25-93 Name of Producing Formation				8025 Top Oil/Gas Pay						
3040.8	BONE SPRINGS				7821'			Tubing Depth 7965			
Perforations 7821 - 7910'								Depth Casing Shoe			
1021 1910	Τī	JBING,	CASIN	IG AND	CEMENTI	NG RECOR	D	1			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
17-1/2"	13-3/8"			450 *			500 SXS CLASS "C"				
12-1/4"	8-	8-5/8"			29001				1610 SXS CLASS "C"		
7-7/8"	5-1/2"			80241			660 HALCO LT & 440 SXS				
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE					1	50/	'50 POZ M	
OIL WELL (Test must be after re				il and must	be equal to or	exceed top allo	wable for this	depth or be	for full 24 how	5.)/	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
07-26-93 Length of Test	10-21-93			FLOW Casing Pressure			Choke Size	1	14-94		
24 HRS	Tubing Pressure 1400			-			14/64 Carry 4 15/7				
Actual Prod. During Test	Oil - Bbls			Water - Bbls.			Gas- MCF 580				
GAS WELL	L	<i>37</i> 0			i		· · · · · · · · · · · · · · · · · · ·	200			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
		·	· · · · · · · · · · · · · · · · · · ·		, ,		·····				
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved				2 1993		
Donother Owens						. ,		IONES =			
Signature DOROTHEA OWENS REGULATORY ANALYST					By ORIGINAL SIGNED BY MIKE WILLIAMS						
Printed Name OCTOBER 22, 1993 (915) 684-7441					Title.			R, DISTRI	CTII		
Date Date	.,,-		phone No								

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.