Form C-104
Revised February 10, 1994

| District I PO Box 1980, Hobbs, NM 88241-1980 District II PO Dr.wer DD, Artesia, NM 88211-0719 District III | | | l-071 9 | | Sta Energy, Min IL CON | TION | es Departm | Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office | | | | | | | |
|---|--------------------|-----------------|-----------------------|-------------------------------------|---|-------------------|------------------------|---|-------------------------------------|---|--------|--------------------------|-------------|--|--|
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV | | | | | Santa | x 2088 A 87504 | (2088 (87504-2088 | | | 1 | | 5 Copie | | | |
| PO Box 2088, 8 I. | | | | FOR A | | | | ☐ AMENDED REPOR ND AUTHORIZATION TO TRANSPORT | | | | | | | |
| | | | (| Operator mil | ne and Addi | reas | | ³ OGRID Number | | | | | | | |
| MARALO, INC. P. O. BOX 832 | | | | | | | | | | 014007 | | | | | |
| MIDLAND, TX 79702 | | | | | | | | | | | | Reason for Filing Code | | | |
| ⁴ API Number 30 - 015-28511 | | | | Pool Name EDDY UNDESIG. (WOLFCAMP) | | | | |] | Pool Code | | | | | |
| Property Code | | | _ | ¹ Property Name | | | | | hana | 1 Kanci | 2 | 91167 | 16701 | | |
| 17082 | | | | STATE DC COM "30" | | | | | | Voltcam | ρ | 1 | Vell Number | | |
| II. 10 ; | Surface Section | Loca | | <u> </u> | | | | | | | | | | | |
| 6 | - | | 3S | | Range Lot.ldn 27E | | m the | North/South Line | | | | West line County | | | |
| | | | Location | | 1980 | | | NORTH | | 1980 EAST | | ST | EDDY | | |
| UL or lot no. | Section | 7 | nship | Range | Lot Idn | Feet fre | om the | North/So | uth line | Feet from the | Foot | 137 4 17 | | | |
| | | | | | | | · · · · · · | North/South line | | rea nom me | F.ASU | West line | County | | |
| S F | | ing Method Code | | 1 | ¹⁴ Gas Connection Date UNK. | | C-129 Perm | it Number | | * C-129 Effective Date | | 17 C-129 Expiration Date | | | |
| III. Oil a | nd Gas | Trans | sporte | rs | | <u>l</u> | | | Ь | · | | <u> </u> | | | |
| | | | | ransporter N | ³¹ PO | D | 22 POD ULSTR Location | | | | | | | | |
| 015694 NAYAJO RE | | | REFIN | and Address FINING 29 | | | | | and Description | | | | | | |
| 501 EAST MA ARTESIA, NO | | | IAM T | AIN STREET | | | 2815733 | | G-30-23S-27 | Ł | | | | | |
| | | | | | | 2 | 815734 | · | *********** | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | RECHIVED | | | | | |
| M. Dand | | | | | | | | | | 1. 数量换线 | | | | | |
| IV. Produ | rop | ater | _ | | | | | | | | | | | | |
| 2815735 | | | | 2 POD ULSTR Location at | | | | | on and D | Description To the first Art Art Art Art Art Art Art Art Art Ar | | | | | |
| V. Well (| Completed Date | ion I | | 14 Ready Da | | " TD | | | | | | | | | |
| 05-22-95 | | | | 08-23-95 | | | | | " PBTD | | | Perforations | | | |
| * Hole Size | | | | | asing & Tub | 12,218 | ³² I | 11,315 | 11,315 9,547 - 9,679' "Sacks Cement | | | | | | |
| 17-1/2" | | | | 13-3/8 | | | 35 | 350 SXS - CIRC TO SURF. | | | | | | | |
| 12-1/4" | | | | 9-5/8 | | 5,54 | 3 | | | STAGES - SURF | | | | | |
| 8-3/4" | | | | 5-1/2" | | 12,21 | | 1150 SXS - TOC @ 8,300' | | | | | | | |
| | | | | | | | | | - | | 100 0 | P | £ to 0 | | |
| VI. Well | | | | | | | | | | - | | <u> </u> | - 17-95 | | |
| ^M Date New Oil ^M (08/23/95 | | | as Delivery Date UNK. | | " Test Date 09/27/95 | | " Test Length 24 HRS. | | и Tbg. Pressure | | | " Cag. Pressure | | | |
| " Choke Size | | 41 Oil | | | 03/21/3. | | | | • | 140 PSI | | cu | comp & BK | | |
| 18/64" | | 23 | | 0 | | | " Gas 195 | | AUF | | | 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. | | | | | | | | OIL CONSERVATION DIVISION | | | | | | | |
| Signature: | / | | | | | | | | Approved by: | | | | | | |
| Printed name: DOROTHEA LOGAN | | | | | | | | Tide: CASTRICT II SUPERVISOR | | | | | | | |
| Title: REGULATORY ANALYST | | | | | | | | | | | | | | | |
| Date: SEPTEMBER 28, 1995 Phone: (915) 684-7441 | | | | | | | | Approval Date: 0CT 1 8 1995 | | | | | | | |
| If this is a change of operator fill in the OGRID nu nber and name of the previous operator | | | | | | | | | | | | | | | |
| | Previous (| | | | · | • | | | | | | | | | |
| | re | | Printe | d Name | Title Date | | | | | | | | | | |

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "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.

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

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.
- Reason for filing code from the following table:

 NW New Well

 RC Recompletion

 CH Change of Operator

 AO Add oil/condensate transporter

 CO Change oil/condensate transporter

 Add see transporter 3.

NCHOOGGT ACACAT

AG Add gas transporter
CG Change gas transporter
RT Request for test allowable (Include vorequested)
If for any other reason write that reason in this box. test allowable (Include volume

- The API number of this well 4
- The name of the pool for this completion 5.
- 6. The pool code for this pool
- The property code for this completion 7.
- 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: 12.

13.

Federal State SP

Fee Jicarilla

gas transporter

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table:

- Pumping or other artificial lift MO/DA/YR that this completion was first connected to a 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. completion
- 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 well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Inside diameter of the well bore 30.
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- Number of sacks of cement used per casing string 33.

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.
- MO/DA/YR that gas was first produced into a pipeline 35.
- 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.
- Diameter of the choke used in the test 40.
- 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.
- The method used to test the well: 45. F Flowing
 P Pumping
 S Swabbing
 If other method please write it in.
- The signature, printed name, and title of the person suthorized 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 47.