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

District II

NO Drawer DD, Artesia, NM 88211-0719

District III

OIL CONSERVATION DIVISION

State of New Mexico ergy, Minerals & Natural Resources Department

Form C-104
Revised February 10, 1994
Instructions on back
Appropriate District Office
5 Copies

COMPEKANTION DIAIPION	Shomit for Wabbiobuste Distu
PO Box 2088	$\mathcal{H}_{\mathcal{O}}$
Santa Fe, NM 87504-2088	٧/
	AMENDED :

1000 Rio Brazos District IV	Rd., Az	tec, l	IM 87410		Santa	Fe,	NM	87504	-2088			7,				
PO Box 2088, S	anta Fe,			EOD A		<b></b>						<u> </u>		ENDED REPORT		
I.		RE					AN	D AU	THOR	IZAT	от то т					
Operator name and Address MARALO, INC.												¹ OGRID Number 14007				
P. 0.BOX 832												Reason for Filing Code				
MIDLAND, TX 79702									AG NW							
	PI Numi	per		·			, I	Pool Name					' Pool Code			
30 - 015-28618 MALAGA; DELAN							ELAWA	RE				42940				
' Pr	operty C	ode					Pro	roperty Name				' Well Number				
II. 1742		- T			COCHI	II "8	B" FE	DERAL	<del></del>		2					
Ul or lot no.	Section		ocation Township				t from	from the North/South Line			Feet from the	Fast/V	East/West line County			
С	1 1		245	29E		60			NOR				EST	EDDY		
11 ]	Bottor	n H	lole Loca	tion				<del>1</del>						1		
UL or lot no.	Section	•	Township	Range	Lot Idn	Fee		m the North/S		outh line	Feet from the	East/West line		County		
12 Lae Code	" Proc		Method Cod					C-129 Permit Number		'	C-129 Effectiv	Date	ate 17 C-129 Expiration D			
F Cilo	nd Ca	P	`		24/96						····					
III. Oil a		15 1		ransporter	Name		Ţ	20 PO	D.	21 O/G						
OGRID				and Addre	18.			POD 0/G		0/6	<sup>12</sup> POD ULSTR Location and Description					
015694			VAJO REFI 1 EAST MA					281615	2	0	C-8-24S-29E					
			TESIA, NM		.1						COCHITI	"8" FED	#2			
007057	PASO NAT		COMPANY			281615	3	G	C D 24C 20T							
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<b>XX</b>	and a						200000	****	dittioneri (Sep	3000 S	ngo roo	166	in i			
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	uced '	wa	er				1	4 DOD 10	erro t			ST, 2		2-16-96		
2816154			C-8-2	24S- <b>29</b> E				FOD CL	SIK LOCI	uon and l	Description		do	mp + BK		
V. Well	Comp	leti	on Data										,			
<sup>23</sup> Sp	ud Date			14 Ready D	ate			" TD			<sup>11</sup> PBTD		1º Perforations			
08/26	/95		10/	10/16/95 690				RBP			<b>@</b> 6474'		6226 - 6241'			
	M Hole	Size		31 Casing & Tubing Size				_	" Depth Set			<sup>13</sup> Sacks Cement				
17-1/	···			13-3/8"				653'				800 SXS CL. "C" PREM.				
12-1/4"				8-5/8"				2720'				900 SXS HALCO LT + 250 F				
7-7/8"				5-1/2"				6900 '				1050 SXS PREM 50/50 POZ.				
VI. Well Test Data																
VI. Well		Da	ĭ2. <sup>™</sup> Gas Del	ivery Date	34.7	Cook Do		<del></del>	17 m . r	· .	1					
			Delivery Date				" Test Length			<sup>34</sup> Tbg. Pressure			" Cag. Pressure			
4 Choke Size		41 (	41 Oil 41 Water				<sup>43</sup> Gas			4 AOF			" Test Method			
-			50	50 246				103			-			P		
44 I hereby cert	tify that the	he rul	es of the Oil C	onservation I	Division have b	cen co	mplied									
with and that the information given above is true and complete to the best of my knowledge and belief.  OIL CONSERVATION DIVISION																
	Signature: Dorothe Logan Approved by: Signature W. Stem W. Stem  Printed name: DOROTHEA LOGAN Title: Supervisor															
Printed name: DOROTHEA LOGAN 7									30-63	Traca	Super	issi				
Title: REGULATORY ANALYST								Approval Date: 216/96								
	ANUARY				15 684-744	_				//						
" If this is a	change o	fope	rator fill in the	OGRID nu	mber and nar	ne of th	e prev	ious opera	itor		······································					
-	Previo	ous O	perator Signat	ure				Print	ed Name		-	~	Title	Date		
														Date		
<del></del>		-										<del></del>				

## 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 despende 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.

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)

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

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.
- The property code for this completion 7.
- 8. The property name (well name) for this completion
- 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
  J Jicarilla 12.

- Navajo Uta Mountain Uta Other Indian Triba
- The producing method code from the following table: 13. Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14. gas transporter
- 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
- 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.

- 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 24. Tank",etc.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 27. 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
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- 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
- MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36
- 37. Length in hours of the test
- 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.
- 42. Barrels of water produced during the test
- 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 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 47.