Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Linergy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	Santa Fe, New M	1ex1co 8/504-2088			
_	REQUEST FOR ALLOWA		TON		
I. Operator	TO TRANSPORT OF	L AND NATURAL GAS			
MARALO, INC.			Well API No. 30-015-25767		
Address P. O. BOX 832, MID	LAND, TX 79702				
Reason(s) for Filing (Check proper box)		Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion XX	Oil Dry Gas				
Change in Operator	Casinghead Gas Condensate		· · · · · · · · · · · · · · · · · · ·		
If change of operator give name and address of previous operator	1197	4			
IL DESCRIPTION OF WELL Lease Name			1200100		
PICKETT DRAW FEDER			Kind of Lease State, Federal or Fee	Lease No. USA NM-15303	
Location					
Unit LetterF	:660 Feet From The	NORTH Line and1980	Feet From The	WEST Line	
Section 9 Townshi	ip 25S Range 2	29E , NMPM,		EDDY County	
III. DESIGNATION OF TOAN	SPORTER OF OIL AND NATE	IRAI. GAS			
Name of Authorized Transporter of Oil XX or Condensate PRIDE PIPELINE COMPANY Or Condensate P. O. BOX 2436, ABILENE, TX 79604					
Name of Authorized Transporter of Casin EL PASO NATURAL GA	ghead Gas XX or Dry Gas S COMPANY	Address (Give address to which a P. O. BOX 1492, El	pproved copy of this form L PASO, TX 799	is to be sens) 78	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 9 25S 29E		When?		
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give comming	gling order number:			
Designate Type of Completion	Oil Well Gas Well	New Well Workover D	eepen Plug Back Sa		
	1	Total Depth	XXXX	XXXX	
Date Sander recompl began	Date Compl. Ready to Prod. 01-15-94	12,375	P.B.T.D. 9788		
12-30 93 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
2944.8 GR	BONE SPRING	8573	13085 '		
Perforations	Don's Strains	1	Depth Casing S		
8573 - 8641'					
(ORIGINAL)	TUBING, CASING AND	CEMENTING RECORD	,		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		CKS CEMENT	
26	20	625		625 LT & 710 PREM)	
17-1/2	13-3/8	2900		1800 LT & 500 PREN	
12-1/4	9-5/8	10100	1125 SX 5	0/50 POZ, 2% GEL)	
V. TEST DATA AND REQUE	2-7/8 ST FOR ALLOWABLE	13085			
OIL WELL (Test must be after t	recovery of total volume of load oil and mus	t be equal to or exceed top allowable	e for this depth or be for	full 24 hours.)	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)	Pail 10-2	
01-15-94	01-21-94	FLOWING		3-4-94	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	PSA Maz	
24 HRS	250-300 PSI		17/6	14 comp 35	
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF		
į į	145	143	400		
GAS WELL					
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Con	densate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI ODED ATOD CEDTURE	TATE OF COMPLIANCE				
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation		OIL CONS	OIL CONSERVATION DIVISION		
Division have been complied with and that the information given above		JAN 3 1 1994			
is true and complete to the best of my		Date Approved	T n NWA	7007	
Des This	Omens				
Signature		Ву	ISOR, DISTRICT	TI	
Printed Name	REGULATORY Tiue (915) 684-7441	TitleSUPERM	ASOR DIBING		
JANUARY 26, 1994 Date	(915) 684-1441 Telephone No.				
2/24/		1.1			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.