Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

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

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

## OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III
1000 Rio Brizos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

I.	REQU		R ALLOWA							
Operator Maralex Resources, Inc.					Well API No. 30-045-2892					
Address P. O. Box 421,										
Reason(s) for Filing (Check proper box) New Well Recompletion	Oil	Change in T	ransporter of:		ther (Please exp	vlain)	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Change in Operator  If change of operator give name	Casinghea	_	Condensate	Wal	er foo	# 38	C 4974	<u> </u>	·	
and address of previous operator			·-··	<del></del>			<del></del>		· 	
II. DESCRIPTION OF WELL Lease Name /360			ool Name, Inclu	ding Engaring	<del></del>		of Léase	<del></del>		
Gallegos Federal 26-1		Fruitland Coal			of Lease Lease No. Federal oroffee NM-7787					
Unit Letter H	: 1434	F	est From The _	North L	ne and10	41 F	set From The .	East	Line	
Section 25 Townsh	i <b>p</b> 26N	R	lange 13W		ІМРМ,	· <del></del>	San Ju	an	County	
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NAT	URAL GAS		<u></u>				
Name of Authorized Transporter of Oil or Condensate X Gary-Williams Energy Corporation 2804972					P. O. Box 159, Bloomfield, NM 87413					
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)									
El Paso Natural GAs C	P. O. Box 4990, Farmington, NM 87499					)9				
If well produces oil or liquids, give location of tanks.	H	25 2	6N   13W	la gas actual No		Whea	n Approx 5	/30/93		
If this production is commingled with that IV. COMPLETION DATA	from any other	r lease or poo	ol, give commin	gling order nur	nber:					
Designate Type of Completion		Oil Well	Gas Well X	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded 12-29-92	Date Compl. Ready to Prod. 4-30-93			Total Depth 1385 '			P.B.T.D. 1330 '			
Elevations (DF, RKB, RT, GR, etc.) 6124' GR	Name of Producing Formation Fruitland Coal			Top Oil/Gas Pay 1173'			Tubing Depth 1228			
Perforations 1199'-1201' & 1173'-1194'								Depth Casing Shoe		
TUBING, CASING AND				CEMENTING RECORD			<u> </u>			
HOLE SIZE		NG & TUBI		DEPTH SET			SACKS CEMENT			
8 3/4" 6 1/4"		7"			118.8'			50 sx Class B w/2% CaCl		
V 1/14	2 3/8"			1378.33'			95 sx Meta-Silicate + 75 sx Class Bw/2% CaCl			
V. TEST DATA AND REQUES		LOWAB	LE	<u></u>	1228	<del></del>		<del> </del>		
OIL WELL (Test must be after n Dute First New Oil Rue To Teak	Date of Test	d volume of l	oad oil and mus	Producing Me	exceed top allo ethod (Flow, pu	mable for this mp. gas lift, et	depth on be for	- (A)   C	145	
ength of Test	Tubing Press	Tubing Pressure		Casing Pressure			Chould	JUN 1	1993	
Actual Prod. During Test	Oil - Bbla.			Water - Bbis.			O-MOIL CON. DIV			
GAS WELL SI - WO PL Co			tential -			en teste	d.	√DIS7	: 5	
	Length of Test			Bbis. Condennae/MMCF			Gravity of Co	odenssie		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in) 120 psi			Casing Pressure (Shut-ia) : 150 psi			Choka Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations 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						
				Date Approved JUN 3 1993						
Signature Carrio A Page					By_ Bin) Chang					
Printed Name 5/26/93 (915) 694-6107				SUPERVISOR DISTRICT #3						
Date	(915)	694-61		11110					<del></del>	
				11						

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.