

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT III  
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>MARALEX Resources, Inc.</b>		Well API No. 30-045-28294
Address 518 17th St., Suite 1030, Denver, CO 80202		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <span style="margin-left: 150px;">Change in Transporter of:</span> Recompletion <input type="checkbox"/> <span style="margin-left: 100px;">Oil</span> <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> <span style="margin-left: 100px;">Casinghead Gas</span> <input type="checkbox"/> Condensate <input type="checkbox"/>		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> MAR 3 1991 OIL CON. DIV. DIST. 3
If change of operator give name and address of previous operator _____		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Oxnard</b>	Well No. 4	Pool Name, including Formation Basin-Fruitland Coal Gas	Kind of Lease State, Federal or Fee	Lease No. SF-078478
Location Unit Letter <b>G</b> : <b>2450</b> Feet From The <b>North</b> Line and <b>1708</b> Feet From The <b>East</b> Line Section <b>22</b> Township <b>27-N</b> Range <b>8-W</b> , <b>NMPM</b> , <b>San Juan</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks. <b>None</b>	Unit	Sec.	Twp.	Rge.	Is gas actually connected? <b>No</b>	When? <b>Approx March 31, 1991</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 11-02-90	Date Compl. Ready to Prod. 01-09-91		Total Depth 2200'		P.B.T.D. 2194'			
Elevations (DF, RKB, RT, GR, etc.) 5939' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1901'		Tubing Depth 2056'			
Perforations 2010'-2056' & 1901'-1966'					Depth Casing Shoe 2194'			

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	335'	250 sx Class B w/2% CaCl
7 7/8"	5 1/2"	2194'	350 sx Halliburton Lite
	2 3/8"	2056'	+ 100 sx Class B

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

**OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

**GAS WELL**

Actual Prod. Test - MCF/D 267 33	Length of Test 24 Hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.) Orifice	Tubing Pressure (Shut-in) 240	Casing Pressure (Shut-in) 300	Choke Size Open

**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.

Signature Carrie A. Baze  
 Carrie A. Baze Regulatory Agent  
 Printed Name  
 03-11-91 915/683-2734 & 915/694-6107  
 Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved APR 17 1991  
 By [Signature]  
 SUPERVISOR DISTRICT #3  
 Title \_\_\_\_\_

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.