

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
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

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 MARALEX Resources, Inc.		Well API No. 30-045-28369
Address 518 17th St., Suite 1030, Denver, CO 80202		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Marron W.N. Federal	Well No. 8	Pool Name, Including Formation Basin-Fruitland Coal Gas	Kind of Lease State, Federal or Fee	Lease No. SF-078478
Location Unit Letter <u>G</u> : <u>1762</u> Feet From The <u>North</u> Line and <u>730</u> Feet From The <u>East</u> Line Section <u>23</u> Township <u>27-N</u> Range <u>8-W</u> , NMPM, San Juan 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. None	Unit	Sec.
	Twsp.	Rge.
Is gas actually connected?	When?	
No	Approx February 15, 1991	

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 11-13-90	Date Compl. Ready to Prod. 12-30-90		Total Depth 2345'		P.B.T.D. 2270'			
Elevations (DF, RKB, RT, GR, etc.) 5988' GL, 6001' KB	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 2048'		Tubing Depth 2185'			
Perforations 2207'-2229', 2048'-2095'					Depth Casing Shoe 2343'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	332'	250 sx Class B w/2% CaCl
7 7/8"	5 1/2"	2343'	325 sx Pace Setter Lite
			+100 sx Class B
	2 3/8"	2185'	

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 (Flowing)	
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 204	Length of Test 24 Hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (puce, back pr.) Orifice	Tubing Pressure (Shut-in) 280	Casing Pressure (Shut-in) 280	Choke Size 1/4"

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  
2-14-91 915/683-2734 & 915/694-6107  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 21 1991  
By Original Signed by CHARLES GHOLSON  
Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.