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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**

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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. 30-045-28370
Address 410 17th St., Suite 220, 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 _____	

**RECEIVED**  
JUL 15 1991

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Hammond W.N. Federal	Well No. 9	Pool Name, Including Formation Basin-Fruitland Coal Gas	Kind of Lease State, (Federal or Fee)	Lease No. SF-078480
Location				
Unit Letter L	: 1690	Feet From The South	Line and 645	Feet From The West
Section 25	Township 27-N	Range 8-W	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"/>	Address (Give address to which approved copy of this form is to be sent)			
None				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas	P. O. Box 1492, El Paso, TX 79978			
If well produces oil or liquids, give location of tanks. None	Unit	Sec.	Twp.	Rge.
Is gas actually connected? Yes	When?		2-27-91	

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 11-16-90	Date Compl. Ready to Prod. 1-14-91		Total Depth 2340'		P.B.T.D. 2181'			
Elevations (DF, RKB, RT, GR, etc.) 5970' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1927.5'		Tubing Depth 2108'			
Perforations 1927' - 1985' & 2077.5'-2091'					Depth Casing Shoes 2236'			

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	334'	235 sx Class B
7 7/8"	5 1/2"	2236'	300 sx Pace Setter Lite
	2 3/8"	2108'	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.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	Gas- MCF
Actual Prod. During Test	Oil - Bbls.		

**GAS WELL**

Actual Prod. Test - MCF/D 21	Length of Test 12	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.) Orifice	Tubing Pressure (Shut-in) 220	Casing Pressure (Shut-in) 560	Choke Size 2"

**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  
Printed Name Carrie A. Baze Regulatory Agent  
Date 7-10-91 Telephone No. 915/694-6107

**OIL CONSERVATION DIVISION**

Date Approved JUL 15 1991  
By \_\_\_\_\_ Original Signed by FRANK T. CHAVEZ  
Title SUPERVISOR DISTRICT # 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.