

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 AP No.
Address P. O. Box 421, Blanco, NM 87412-0421	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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
JAN 9 1993
OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shiotani	Well No. 2	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease Leasehold Fee	Lease No. Fee
Location				
Unit Letter K	1585	Feet From The South	Line and 1680	Feet From The West
Section 6	Township 29N	Range 12W	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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Gary-Williams Energy Corporation	P. O. Box 159, Bloomfield, NM 87413					
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 Company	P. O. Box 4990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 6	Twp. 29N	Rge. 12W	Is gas actually connected? No	When? Approx 2/01/93

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 Resv	Diff Resv
		X				X		X
Date Spudded * Feb/1958	Date Compl. Ready to Prod. 12-29-92		Total Depth 1489'		P.B.T.D. 1373'			
Elevations (DF, RKB, RT, GR, etc.) 5401' GR 5343	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1301'		Tubing Depth 1346'			
Perforations 1301'-1305' & 1336'-1361'					Depth Casing Shoe 1489'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
* 12 1/2"	8 5/8"	106'	70 sx
* 7 7/8"	5 1/2"	1489'	100 sx
* Well drilled & casing/cement set by Benson-Montin-Greer-Drle. Corp. (Well formerly Dual n#1)			
	2 3/8"	1346'	

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 SI - Waiting on PL Connection & Initial Potential Test - will submit when tested.

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 220 psi	Casing Pressure (Shut-in) 450 psi	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 Agent
Printed Name
1/14/93 (915) 694-6107
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 25 1993

By [Signature]
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.