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

State of New Mexico
Geology, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Maralex Resources, Inc. 13998	Well API No. 30-045-09482
Address 518 17th Street, Suite 1030, Denver, CO 80202	
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 checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Keyes Trust, c/o L. R. Cunningham, 29 Road 3008, Aztec, NM 87410	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Scott 6329	Well No. 1	Pool Name, Including Formation Basin Fruitland Coal (71629)	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No. N.A.
Location Unit Letter K : 1880 Feet From The South Line and 1650 Feet From The West Line Section 18 Township 30N Range 11W, 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)					
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.	Unit K	Sec. 18	Twp. 30N	Rge. 11W	Is gas actually connected? No	When?

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
		XX		XX		X		X
Date Spudded 9-13-53	Date Compl. Ready to Prod. 1-14-91		Total Depth 1926 / 1941		P.B.T.D. 1850			
Elevations (DF, RKB, RT, GR, etc.) DF-5546,	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1745		Tubing Depth 1809			
Perforations 1745-1755, 1811-1830					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	2-3/8		1809					
	10 3/4		88		25 SX			
	5 1/2		18 73		150 SX			

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 65	Length of Test 24 Hours	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (pilot, back pr.) Orifice	Tubing Pressure (Shut-in) 120	Casing Pressure (Shut-in) 450	Choke Size 1/2"

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 A. M. O'Hare President

Printed Name 1/15/91 Title (303) 571-4220

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 16 1991

By Original Signed by CHARLES GIBLSON

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.