

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

OIL CONSERVATION DIVISION

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. 30-045-28912
Address P. O. Box 421, Blanco, NM 87412-0421		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 Shiotani	Well No. 7	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease Shut-in/Production Fee	Lease No.
Location Unit Letter <u>K</u> : <u>1700</u> Feet From The <u>South</u> Line and <u>1495</u> Feet From The <u>West</u> Line Section <u>33</u> Township <u>30N</u> Range <u>12W</u> , <u>NMPM</u> , <u>San Juan</u> 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"/> Gary Williams Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Bloomfield, NM 87413	
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 4990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 33
	Twp. 30N	Rge. 12W
Is gas actually connected? No		When? Approx 4/15/93

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 Res'v	Diff Res'v
		X	X					
Date Spudded 12-31-92	Date Compl. Ready to Prod. 4-07-93		Total Depth 1782'		P.B.T.D. 1737'			
Elevations (DF, RKB, RT, GR, etc.) 5579' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1619'		Tubing Depth 1671'			
Perforations 1619'-1651'					Depth Casing Shoe 1776'			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	145.30'	165 sx Class B w/2% CaCl
7 7/8"	5 1/2"	1777'	285 sx Pacesetter Lite
	2 3/8"	1671'	w/6% gel + 100 sx Class
			B w/1% CF-14 & .4% Thrifty L.

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL SI - WO PL Conn/Initial Potential - 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 Agent
Printed Name Carrie A. Baze Title
Date 4/08/93 Telephone No. (915) 694-6107

OIL CONSERVATION DIVISION

Date Approved APR 12 1993

By [Signature]
SUPERVISOR DISTRICT #3

Title

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.