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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
En , Minerals and Natural Resources Department

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

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

I.

Operator Maralo, Inc.	Well API No. 30 025 31635
Address P.O. Box 832, Midland, Texas 79702 0832	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Other (Please explain) To correct API #, Location & Elevation <i>See letter to [unclear] 11/15/92</i>	
Change in Transporter of: 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 _____ THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.	

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Corbin "13" Federal	Com 1	Well No. 1	Pool Name, Including Formation South Corbin Wolfcamp	Kind of Lease State (Federal) or Fee	Lease No. NM 53239
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>13</u> Township <u>18-S</u> Range <u>32-E</u> , NMPM, Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock-Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4648, Houston, Texas 77210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>13</u> Twp. <u>18S</u> Rge. <u>32E</u>	Is gas actually connected? <u>No</u> 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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8-14-92	Date Compl. Ready to Prod. 10-20-92	Total Depth 11,400	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3833' GL	Name of Producing Formation Wolfcamp	Top Oil/Gas Ply 11,165	Tubing Depth 10,926					
Perforations 11,165 - 11,177	Depth Casing Shoe							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	460'	500sx Cl. C					
12 1/4	8 5/8	4499	2180 sx Cl. C					
7 7/8	5 1/2	11400'	720 sx 50/50 poz					

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 11-1-92	Date of Test 11-3-92	Producing Method (Flow, pump, gas lift, etc.) Flowing
Length of Test 24 hrs	Tubing Pressure 230 psi	Casing Pressure 24/64"
Actual Prod. During Test	Oil - Bbls. 102	Water - Bbls. 10
		Gas - MCF 210

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Brenda Coffman
Signature
Brenda Coffman, Agent
Title
November 30, 1992
Date
915 684-7441
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 08 '92

By ORIGINAL SIGNED BY JERRY SEXTON
SUPERVISOR
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.

RECEIVED

DEC 04 1992

OLD HOBBS OFFICE