District I PO Box 1980, Hobbs. NM 88241-1980

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office

District II

L	CONSERVATION DIVISION	U
	2040 South Pacheco	
	Santa Fe. NM 87505	

11 South First,	Artesia, NM	88210	Ol	L CONSI	ERVATION	ON I	OIVISION	1	Submi	to Appropr	iate District Office 5 Copies				
District III 1000 Rio Brazos Rd., Aztec. NM 87410			2040 South Pacheco Santa Fe, NM 87505						AMENDED REPORT,						
District IV 2040 South Pach	en Sente F	. NM 87505			1										
ZO40 SOUCH PRCH I.	RI	EQUEST	FOR AL			AU	THORIZ	ATI	ON TO TR	ANSPOR'	r				
		Operator nam	se and Address						OGRID Number						
MARALO, LLC											Reason for Filing Code				
P. O. BOX 832 Midland, TX 79702										MARCH 1, 1999					
1-									CO LIT.	Pool Code					
30 - 025-2!	PI Number 5275		' Pool Name JENKINS; DEVONIAN, NE						33945						
Property Code			Property Name						* Well Number						
006335			BONDS						1						
II. 10 Surfac						<u></u>	North/South Line		Feet from the	East/West lin	e County				
Ul or lot no.	Section	Township	Range	Lot.ldn	Feet from the	ne					LEA				
Н ,	20	98	35E		1650		NORTH		330	EAST	LEA				
	11 Bottom Hole L		Range	Lot Idn	Feet from	the	North/South line		Feet from the	East/West lin	e County				
UL or lot no.	Section	Township	,	201					,						
12 Lse Code	¹⁾ Produci	ng Method C	ode H Gas	Connection Dat	te 15 C-12	29 Perm	it Number		" C-129 Effective	Date 17	C-129 Expiration Date				
P	,	•		N/A					,						
III. Oil a	nd Gas	Transpor	rters												
" Transpo OGRID		1	Transporter			» PO)D 21	O/G	22 POD ULSTR Location and Description						
021778		UNOCO INC			12	40410		0	H-20-9S-	-35E					
	P	. O. BOX	2039			10410			BONDS						
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					\$20,00,000	central services	Agricus III a paragraphys	·* 7 6	•						
Straight and an early	100000000000000000000000000000000000000								*						
	3 Y 3 A														
IV. Prod	luced W	ater				P + 4+ F.									
	POD				м	POD U	LSTR Location	n and	Description	 					
2822557	,	C-	20-9S-35E	BARNES "20	#1 SMD	COLLE	CTION TANK								
V. Well															
E Spud Date		,	* Ready Date		" TD		" PEID		" Perfor	ations	» DHC, DC,MC				
³¹ Hole Size			23 Casing & Tubing Size				n u	epth	See 1	³⁴ Sacks Cement					
" note size			Caping at 1 to any out					Срад		•					
											······································				
							. 120 0								
VI. Well	l Test D	ata	_1		· · · · · · - - · · ·	!			<u></u>						
			Delivery Date	est Date	te ³⁸ Test Length			" Tbg. Pressure		" Cag. Pressure					
									 						
. "Choke Size			4 Oil	Water	44 Ges		4 AOF		** Test Method						
									,						
				Division have be implete to the bea			OII	, C	ONSERVAT	יום אסוי	/ISION				
knowledge an	d belief.	!			·										
Signature:	Signature: Seatther Lagan								Approved by:						
Printed name:	Printed name: DOROTHEA LOGAN							Title:							
Title: REGULATORY ANALYST						Approval Date:									
Date: FEB	Date: FEBRUARY 25, 1999 Phone: (915) 684-7441														
" If this is a	change of o	perator fill in	the OGRID n	umber and nar	ne of the pre-	rious op	erator								
	Decelor	Operator Sig	matura			D	nted Name			Title	Date				
M	* * * * * * * * * * * * * * * * * * * *	~p~~~~ 04				418				1 5.00	vale.				

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator (Include the effective date.)

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Include volume requested)

If for any other reason write that reason in this box.

- 4. The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9 The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:

- State Fee Jicarilla

- Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table: Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14.
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- 21. Product code from the following table:

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water 24. (Example: "Tank",etc.)
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and
- Number of sacks of cement used per casing string 34.

if the following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- 35. MO/DA/YR that new oil was first produced
- 36. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well:

F Flowing
P Pumping
S Swabbing
If other method please write it in.

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- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 47.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 48.