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Appropriate District Office
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Encl: Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Maralo, Inc.	Well API No. 30-025-25275 ✓
Address P. O. Box 832, Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well Reentry <input type="checkbox"/> Change in Transporter of: Recompletion <input 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	
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR, PLEASE THIS OFFICE.	

Lease Name Bonds	Well No. 1	Pool Name, Including Formation Jenkins undersig. (Devonian)	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location BHL: H 1735 NORTH 683 East Unit Letter SL: H : 1650 Feet From The North Line and 330 Feet From The East Line Section 20 Township 9S Range 35E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Amoco Pipeline ICT	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 502 N. West Ave., Levelland, TX 79336
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 H	Sec. 20
	Twp. 9S	Rge. 35E
	Is gas actually connected?	When ?
	no	Unk.

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 XXX	Gas Well	<input checked="" type="checkbox"/> New Well Reentry	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 01-29-93	Date Compl. Ready to Prod. April 8, 1993	Total Depth 12,650'		P.B.T.D. -				
Elevations (DF, RKB, RT, GR, etc.) 4160' GR	Name of Producing Formation Devonian		Top Oil/Gas Pay 12,625'		Tubing Depth 12,634'			
Perforations 12,625 - 12,650' Open hole			Depth Casing Shoe -					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	12-3/4"		499'		525 SX			
11"	8-5/8"		4036'		1480 SX			
7-7/8"	5-1/2"		12625'		810 SX			
	2-7/8"		12634'					

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 04-11-93	Date of Test 04-15-93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 500 psi	Casing Pressure -	Choke Size 10/64"
Actual Prod. During Test 436	Oil - Bbls. 436	Water - Bbls. 0	Gas - MCF TSTM

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.

Dorothea Owens
Signature
Dorothea Owens Regulatory Analyst
Printed Name
April 16, 1993 (915) 684-7441
Date Telephone No.

OIL CONSERVATION DIVISION

APR 22 1993

Date Approved

By Paul Kautz Orig. Signed by

Title Geologist

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.