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

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

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

State of New Mexico
Energy, 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. 30-025-31601
Address P. O. Box 832, Midland, Texas 79702 0832		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		Other (Please explain) <input type="checkbox"/> Casinghead Gas MUST NOT BE FLARED AFTER <u>11-1-92</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
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.

Lease Name Barnes "20"	Well No. 1	Pool Name, including Formation Undesignated (Devonian)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>C</u> : <u>766</u> Feet From The <u>N</u> Line and <u>2201</u> Feet From The <u>W</u> Line Section <u>20</u> Township <u>9S</u> Range <u>35E</u> , NMPM, <u>Lea</u> 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 <u>C</u>	Sec. <u>20</u>
	Twp. <u>9S</u>	Rge. <u>35E</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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 6-6-92	Date Compl. Ready to Prod. 9-10-92	Total Depth 12,656	P.B.T.D. 12,555					
Elevations (DF, RKB, RT, GR, etc.) 4169.7 GR	Name of Producing Formation Devonian	Top Oil/Gas Pay 12,635	Tubing Depth 12,549					
Perforations Open hole 12635-12656			Depth Casing Shoe 12,635					

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8"	450'	450sx Class C
12 1/4	8 5/8	4200'	2600sx Howco Lt+200sx C
7 7/8	5 1/2	12635	850sx Poz + 425 sx Howco + 925sx Poz
		2 7/8"	12,549

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 9-1-92	Date of Test 9-14-92	Producing Method (Flow, pump, gas lift, etc.) pumping 2 1/2" x 1 1/2" x 24' pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 162	Water - Bbls. 25	Gas - MCF 83

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.

Signature Brenda Coffman Agent
Printed Name Brenda Coffman Title
Date 9-15-92 Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved SEP 17 1992
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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.