ubmit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	T	OTRA	NSF	ORT OIL	AND NA	TURAL GA	<u>S</u>				
Operator Maralo, Inc.							Well API No. 30-025-29021				
Address P. O. Box 832, N	Fre Ibit	Тоуго		79702							
Reason(s) for Filing (Check proper box) New Well Recompletion		Change in		corter of:S		er (Please explair rom Arco		WD (154	bbls.)		
Change in Operator	Casinghead	Gas 🗌	Cond	ensate 🗌							
f change of operator give name and address of previous operator	· · · · · · · · · · · · · · · · · · ·										
L. DESCRIPTION OF WELL											
Arco State Well No. Pool Name, Including 2 Vacuum S. (
Location Unit LetterO	: 40!	5	Feet !	From The SC	outh_Lin	e and1850	Fe	t From The	East	Line	
Section 16 Townshi	p 18S		Rang	e 35E	- , N !	мрм,	I	ea		County	
II. DESIGNATION OF TRAN	SPORTER	OF O	LAI	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate Texas-New Mexico Pipeline Company						Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas or Dry Gas						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	Sec.	Twp	Rge.	is gas actuali	lly connected? When ?					
f this production is commingled with that V. COMPLETION DATA	from any othe	r lease or	pool, g	ive commingl	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
	TUBING, CASING AND					CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUE	ST FOR A	LLOW A	ABL	E d oil and must	be equal to of	exceed top allo	wable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test					be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pres	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis	Water - Bbls.			Gas- MCF		
GAS WELL					150 6	A D / CT		Genuity of	Condenses:		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitos, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC						OIL CON	ISERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my	that the infor	mation giv	vation en abo	ove							
A o man	200m	~				e Approve ⊶ः		l b y			
Signature Brenda Coffman Agent					∥ By_	ByOrig. Signed by, Paul Kautz Geologist,					
Printed Name February 24, 19			Title		Title						
Date		Tel	ephone	e No.	11						

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.