District I PO Box 1980, Hobbs, NM \$8241-1980 District II

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 Instructions on out.
Submit to Appropriate District Office
5 Copies

PO Drawer DD, Artesia, NM 88211-0719 District III

OIL CONSERVATION DIVISION PO Box 2088

RT

1000 RIG Brazo District IV					Sant	a Fe, N	VM 8750	4-2088	i			[77] 434		
PO Box 2088, (I.	Santa Fe,	NM 8 RE	175042088 QUEST	FOR	ALLOW	ABLE.	AND AT	JTHOI	RI <i>T.</i> AT	TON TO	TDAI	MA LL.	ENDED REP r	
I. REQUEST FOR ALLOWABLE AND AUTHORIZATIO Operator name and Address MARALO, INC.										¹ OGRID Number				
	P. 0.	. BO	X 832	ACCIONALLA MALLAY, IS HAD GO MAL MAINOUR						014007 3 Reason for Filing Code				
	TX 7970		181 THUS:				RC							
⁴ API Number 30 - 0 25-29347					REEVES	* Pool Name 5/ WEST Las R-/07			795		•	⁴ Pool Code 83750		
¹ Property Code 06340				•	MARALO	STATE N	ame		' Well Naz			Vell Number		
II. 10			ocation					· · · · · · · · · · · · · · · · · · ·		****	<u>l</u>			
Ul or lot no.	Section 16		Township	Range	Lot.lda	1	rom the	North/Sc	outh Line	Feet from the	e Eas	st/West line	County LEA	
			185	35E		1	748	SOU	TH	742		WEST		
UL or lot no.	Section		ole Loc Township											
			•	Range	Lot Ida		from the	North/South line		Feet from t	he Eas	t/West fine	County	
S		eing Method C P		12	Connection	Date 1	⁴ C-129 Permi	i Number 10		C-129 Effect	ive Date	" C-1	29 Expiration D	
I. Oil a		Tr			· · · · · · · · · · · · · · · · · · ·							l	·	
"Transpor OGRID	ter	· .	19 -	Transporter and Addre			" POI)	11 O/G		" POD	ULSTR Loc	ation	
			TT ENERGY OPER. LP (TRKS)				1239510	1239510 COND			and Description L-16-18S-35E			
P. O. BOX A				4666 X 77210-4666						MARALO SV "16" STATE				
024650 WARREN PE					PORATION	1239530 G			L-16-18S-35E					
P. O. BOX 1 TULSA, OK				E003						MARALO SV "16" STATE				
						***	uliilə i lik iririn	region (edi)	(CASSISSION)		······································			
		·		· · · · · · · · · · · · · · · · · · ·			9					·		
/. Produ	<u>.</u>			·	************************************									
	OD V	ater			······································	······································	H POD ULS	TR Locatio	and De	erdada.				
. Well C	omple	tion	l	18S-35E						y		-	•	
" Spud		11011	_	¹⁴ Ready Da										
PB 11/13/95				11/27/95	i	" TD 11,796¹			^н РВТD 6015'			" Perforations		
Hole Size			31 Casing & Tubing Size			¹² Depth Set			0010			4340 - 4350'		
13-3/8"					1"		<u>+</u>		2 Sacks (
11"					-5/8 "			415' 4745'	400 SXS CL. "C"					
7-7/8"					-1/2"						§ &: : : &:	17,15		
				3 1/2			11,787					S CL. "H'		
. Well T	est Da	ata	<u>-</u>								+500 SX	S CL. "H'	' (2ND STAG	
M Date Non			M Gas Deliv	ery Date	* T	est Date	7	Test Leng	th T	* Tbg. 1	Present		0	
12/30		01/03/		/03/96	24 HRS.		339			" Cag. Pressure				
9/64" -0		-0-			Water 0-		⁴ Gss 505		4 AOF		Test Method P (4 PT.)			
hereby certify in and that the in wledge and bell	TO DESCRIPTION	les of given	the Oil Con above is tr	servation Div se and comple	ision have been	of my		OII	COM	SERVAT	י זארוי			
reprie:			n A	صو			Approved by	Aller Co.	Corn. Carren		TOM I		iΤΑ	
ited name;				Legar		14		' '			<u> </u>			
	OROTHE			· · · · · · · · · · · · · · · · · · ·			Title:	. ·						
e: REGULATORY ANALYST e: 05/01/96 Phone: (015) 694 7441							Approval Date:					JAN 3 0 1997		
f this is a chan	5/01/96			() 1	5) 684-74	41								
	e- or ober		10 rae O	ுடிய விறை	er and name	of the previ	ious operatur							
P	revious O	perato	or Signature				Printed N	ame				41.		
									(Ti	ue	Date	

Date

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 1.
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Reason for filing code from the following table:

 NW New Well

 RC Recompletion

 CH Change of Operator

 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) 3.
 - request for test anowable (motions of requested)

 If for any other reason write that reason in this box.
- The API number of this well 4 4
- The name of the pool for this completion 5.
- The pool code for this pool 6.
- 7. The property gode for this completion
- The property name (well name) for this completion 8.
- 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. 10.
- The bottom hole location of this completion 11.
- Lease code from the following table:
 F Federal
 S State
 P Fae
 J Ulcarilla 12. Federal
 State
 Fee
 Joarilla
 Navajo
 Ute Mountain Ute
 Other Indian Tribe
 - ŇU
- The producing method code from the following table:
 F Flowing
 P Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a gas transporter 14.
- The permit number from the District approved C-129 for this completion 15.
- 18. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- 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.
- Product code from the following table:
 O Oil
 G Gas 21.

- 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 Tank", etc.) 24.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the Well 27.
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- inside diameter of the well bore 30.
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- Number of sacks of cement used per casing string 33.

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.

- MO/DA/YR that new oil was first produced 34.
- MO/DA/YR that gas was first produced into a pipeline 35.
- 36. MO/DA/YR that the following test was completed
- Length in hours of the test 37.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- Diameter of the choke used in the test 40.
- 41. Barrels of oil produced during the test
- Barrels of water produced during the test 42.
- 43 MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- The method used to test the well;
 F Flowing
 P Pumping
 S Swabbing 45. If other method please write it in.
- 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~ y 46.
- 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 47.

