Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

## 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

A.		IOIMA	MOP		_ AND NA	HUHALG	SAS						
Operator								Weli	API No.	21: 7/	95 /3		
Maralo, Inc.										30-025-29341			
P. O. Box 832													
Reason(s) for Filing (Check proper box)	)				Oni	ner (Piease exp	dain)		<del> </del>				
New Well		Change in	Transpo	eter of:		ici (i iemie mi							
Recompletion 🔯	Oil Dry Gas												
Change in Operator	Casinghe	ead Gas	Conden	_									
f change of operator give name and address of previous operator					• • • • • • • • • • • • • • • • • • • •				andel	mid ?	Vacuus		
II. DESCRIPTION OF WELI	L AND LE	EASE V	1 isk.	Vacu	UM 2 L	Velau	475	<u> </u>	9/1/90	R.9-	71		
Lease Name			Pool N	<del> </del>	ing Formation	2000	<i>v</i> <u> </u>		of Lease	1 1	ease No.		
Maralo SV 16 Sta	te	11	M.	id Vad	cuum luc	ideat A	iela	State,	Federal or Fe	E L	G2945		
Unit Letter	:1	748	Feet Fr	om The	South Lin	e and74	2	Fe	et From The	West	Line		
Section 16 Towns	18S	}	Range	35E	.,	) (m) (	Le	а			_		
Jean Towns	шр	<del></del>	Kange		, N	МРМ,			<del></del>		County		
II. DESIGNATION OF TRA	NSPORT			D NATU									
Name of Authorized Transporter of Oil	ĮΧ	or Conden			1					form is to be se	· ·		
Texas New Mexico		P. O. Box 2528, Hobbs, N.M. 88240  Approximately Appropagation of this form is to be sent)											
Name of Authorized Transporter of Casi		004	or Dry		Riper (C)	Cadbed Pub 6	itigh d	gorb99	Dopy of this f	form is to be se	ent)		
Phillips 66 Natl	<u>Gas C</u>	COPTVI G	88 CO	rporation	1.4001	Penbro	ok,			exas	79762		
ive location of tanks.	Unit L	Sec.	Twp. 18S	35E	Is gas actuali	y connected? es		When 2-	16-88				
f this production is commingled with that V. COMPLETION DATA	t from any of	ther lease or	xool, giv	e commingl									
v. CONFLETION DATA		Oil Well	1 0	Gas Well	New Well	Workover	1 -		Dive Deels	Ic	him n		
Designate Type of Completion	n - (X)	X		348 44611	New Well	WORKOVET	1 2	eepen	Y	Same Res'v	Diff Res'v X		
Date Spudded	Date Compl. Ready to Prod. 2-2-90				Total Depth 11,831			P.B.T.D. 9550					
Elevations (DF, RKB, RT, GR, etc.)					Top Oil/Gas Pay				Tubing Depth				
3931.0 GL Cherry Canyon					6265				6001				
Perforations 1 JSPF @ 6265-6278 (Total 14 holes)									Depth Casing Shoe				
1 JSPF @ 6265-62					CEL CEL POR	NC PECOE			<u> </u>				
HOLE SIZE		TUBING, CASING AND				<del></del>				DAOVO OFFICE			
17 1 / 2	1.2	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
11	13	13 3/8"			415'			400 sx Cl. C					
<del></del>	- <u>- 8</u>	8 5/8"			4745'			1100 sx Cl. C					
	<del> </del>	5 1/2"				11796'				225 sx Cl. H			
. TEST DATA AND REQUE	ST FOR	ALLOWA	BLE		<del>' , , , , , , , , , , , , , , , , , , ,</del>				1		<del></del>		
OIL WELL (Test must be after	recovery of t	otal volume d	of load o	il and must	be equal to or	exceed top all	owabl	e for this	depth or be j	for full 24 hour	·s.)		
Date First New Oil Run To Tank						Producing Method (Flow, pump, gas lift, etc.)							
2-1-90		2-2-90				wing							
ength of Test		Tubing Pressure			Casing Pressure				Choke Size				
24 hrs.		75							16/64"				
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.			Water - Bbls.				Gas- MCF				
<del></del>	1	69				64				27			
GAS WELL					D. C.				12				
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFIC	TATEO	E CONTRO	TANT	CE					!	<del>-</del>			
				CL		DIL CON	<b>ISE</b>	RVA	I NOITA	DIVISIO	N		
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above					OIL CONSERVATION DIVISION FEB 1 5 1990								
is true and complete to the best of my		•			Date	Approve	d	1	CD 1	UEEL C			
$Q \cap C$	טט ر				Daie	~hhiove	<b>u</b> _			haz !			
Dienda Cafelman					Orig. Signed by Paul Kautz								
Signature Bronds Cof	· · ·	7~~~+			Dy				Geologist				
Brenda Cof	LIIIdN,	Agent	Title		٠, ،			2	M 4010010A				
2-12-90	915	684 <u>-</u> 74			Title.	<del></del>							
Date			hone No	).									
		•			1.1								

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.

Recto

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