District I PO Box 1980, Hobbs, NM 88241-1980 District II

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 Instructions on back

PO Drawer DD, Artesla, NM 88211-0719

Submit to Appropriate District Office

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088 District III 1000 Rio Brazos Rd., Aztec, NM 87410 5 Copies District IV AMENDED REPORT PO Box 2088, Santa Fe, NM 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address ¹ OGRID Number 014007 MARALO, INC. P. O. BOX 832 Reason for Filing Code MIDLAND, TX 79702 CO EFFECTIVE 04/01/98 API Number Pool Name 30 - 0 25-31763 **BUFFALO (YATES)** 08180 ¹ Property Code Property Name Well Number 006336 BONDURANT "2" STATE 10 Surface Location II. Ul or lot no. Section Township Range Lot.ldn Feet from the North/South Line | Feet from the East/West line County 195 32F 2130 NORTH 1980 WEST LFA 11 Bottom Hole Location UL or lot no. Section Township Lot Ide Feet from the North/South line Feet from the East/West line County 12 Lee Code 13 Producing Method Code 14 Gas Connection Date 16 C-129 Permit Number 16 C-129 Effective Date 17 C-129 Expiration Date P 02/93 III. Oil and Gas Transporters Transporter 17 Transporter Name and Address " POD OGRID 31 O/G " POD ULSTR Location and Description 138648 AMOCO PIPELINE ICT (TRKS) 1239910 0 **BONDURANT "2" STATE** 502 N. WEST AVENUE 01-F-2-19S-32E LEYELLAND, TX 79339 005097 CONOCO, INC. 1239930 6 SAME AS ABOVE 10 DESTA DR. SUITE 550E MIDLAND, TX 79705 V. Produced Water " POD POD ULSTR Location and Description 1239950 SAME AS ABOVE Well Completion Data 14 Spud Date 14 Ready Date מד יי " PBTD " Perforations Hole Size 11 Casing & Tubing Size Depth Set Sacks Cement Well Test Data Date New Oil " Gas Delivery Date M Test Date " Test Length H The. Pressure " Cag. Pressure " Choke Size " OII Water 4 Gas 4 AOF " Test Method " I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my OIL CONSERVATION DIVISION knowledge and belief. Signature: ORIGINAL WITHOUT analhe Approved by: Printed name: DOROTHEA LOGAN Title: FILL REP. ! Tille: REGULATORY ANALYST Approval Date: Date: 4AR RA 1998 Phone: (915) 684-7441 03/19/98 of If this is a change of operator fill in the OGRID number and name of the previous operator Previous Operator Signature Printed Name Title 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.
- 3.

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)

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
- The property code for this completion 7.
- The property name (well name) for this completion 8.
- The well number for this completion 9.
- 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 12.

13.

Jicarilla Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table:
F Flowing
P Pumping or other artificial lift

- MO/DA/YR that this completion was first connected to a 14.
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- The gas or oil transporter's OGRID number 18.
- 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.)
- 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.
- MO/DA/YR that the following test was completed 36,
- 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.
- Barrels of oil produced during the test 41.
- Barrels of water produced during the test 42.
- MCF of gas produced during the test 43.
- Gas well calculated absolute open flow in MCF/D 44.
- The method used to test the well:

 F Flowing
 P Pumping
 S Swabbing
 If other method please write it in. 45.

- 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.