Submit 5 Copies
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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Maralo, Inc.	30-025-31763
Address: P. O. Box 832, Midland, TX 79702	

Reason(s) for Filing (Check proper box)
New Well [XX] Change in Transporter of:
Recompletion [ ] Oil [ ] Dry Gas [ ]
Change in Operator [ ] Casinghead Gas [ ] Condensate [ ]
[ ] Other (Please explain)

CASINGHEAD GAS MUST NOT BE FLARED AFTER 2-10-93 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

If change of operator give name and address of previous operator

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Bondurant "2" State	1	Buffalo Yates R 9343 3/1/93	State / Federal or Fee	V-3750

Location
Unit Letter F : 2130 Feet From The North Line and 1980 Feet From The West Line

Section 2 Township 19S Range 32E , NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Koch Oil Co., Div. of Koch Industries	Attn: New Mexico Trans. Accountant P. O. Box 2256, Wichita, KS. 67201
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 actually connected?	When ?
	F	2	19S	32E	No	January/1993

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	XXX		XXX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-10-92	12-09-92	3675'	-
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3687' GL	Yates	3458'	3366'
Perforations			**Depth Casing Shoe**
3458'-3478'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	462'	350sx Cl."C"+2%CaCl
7-7/8"	5-1/2"	3675'	700sx Howco Lt. +
			200sx 50/50 poz

VI. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-10-92	12-13-92	Flowing	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs.	190 psi	-	16/24"
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas- MCF**
	135	28	243

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		-	
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

VII. 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.

Dorothea Owens
Signature

Dorothea Owens, Agent
Printed Name — Title

December 16, 1992
Date

(915) 684-7441
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 18 '92

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.