

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 87504-2083

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 MARALO, INC. Well API No. 30-025-31698
Address P. O. BOX 832, MIDLAND, TX 79702
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name CORBIN "13" FEDERAL "A" Well No. 1 Pool Name, Including Formation CORBIN: DELAWARE, WEST Kind of Lease State, Federal or Fee Lease No. NM-53239
Location Unit Letter I : 1830 Feet From The SOUTH Line and 660 Feet From The EAST Line
Section 13 Township 18S Range 32E , NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil TEXAS-NEW MEXICO PIPE LINE COMPANY or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) P. O. BOX 60028, SAN ANGELO, TX 76906
Name of Authorized Transporter of Casinghead Gas CONOCO, INC. or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) 10 DESTA DR., STE 550E, MIDLAND, TX 79705
If well produces oil or liquids, give location of tanks. Unit P Sec. 13 Twp. 18S Rge. 32E Is gas actually connected? YES When ? _____
If this production is commingled with that from any other lease or pool, give commingling order number: PLC-102

IV. COMPLETION DATA
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 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.) _____
Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____
Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____ Gas- MCF _____

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

VI. 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 REGULATORY
Printed Name OCTOBER 6, 1993 Title (915) 684-7441
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION
Date Approved OCT 18 1993
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.