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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

Operator Maralo, Inc.		Well API No. 30 025-31698
Address P. O. Box 832, Midland, TX 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
Recompletion <input type="checkbox"/>		
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Corbin "13" A Federal	Well No. 1	Pool Name, including Formation Corbin, West (Delaware)	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM-53239
Location Unit Letter <u>I</u> : <u>1830</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>13</u> Township <u>18S</u> Range <u>32E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4648, Houston, TX 77210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) 10 Desta Drive, Suite 550E, Midland, TX 79705					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 13	Twp. 18S	Rge. 32E	Is gas actually connected? No	When ? approx. 6-05-93
If this production is commingled with that from any other lease or pool, give commingling order number.						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XXX	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 02-24-93	Date Compl. Ready to Prod. 5-16-93		Total Depth 11,435'		P.B.T.D. 7015'			
Elevations (DF, RKB, RT, GR, etc.) 3837.4'	Name of Producing Formation Delaware OK PK		Top Oil/Gas Pay 4,921'		Tubing Depth 4864'			
Perforations 4921 - 4953' 5026 - 5037'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		468'		475 sxs C1 "C"			
12-1/4"	8-5/8"		4473'		2049 sxs 35/65 C1 "C"			
7-7/8"	5-1/2"		7250'		950 sxs 50/50 Poz			

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 5-18-93	Date of Test 5-25-93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 65 psi	Casing Pressure -	Choke Size 17/64"
Actual Prod. During Test 110	Oil - Bbls. 110	Water - Bbls. -0-	Gas- MCF 53

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MN/MCF	Gravity of Condensate
Testing Method (prior, 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 Analyst
Title
June 1, 1993 (915) 684-7441
Date Telephone No.

OIL CONSERVATION DIVISION

JUN - 4 1993

Date Approved _____
By CRIC
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.

JUN 02 1993

OCD HOBBS OFFICE