

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  
Encl Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.  
Operator  
MARALO, INC.  
Well API No.  
30-025-32055  
Address  
P. O. BOX 832, Midland, TX 79702  
Reason(s) for Filing (Check proper box)  
New Well ☐ Change in Transporter of: ☐ Other (Please explain)  
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  
UNCLE SAM "13" FEDERAL  
Well No.  
1  
Pool Name, Including Formation  
CORBIN: DELAWARE, WEST  
Kind of Lease  
State (Federal or Fee)  
Lease No.  
NM-0392867  
Location  
Unit Letter  
H  
1650 Feet From The  
NORTH Line and  
990 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 ☒ or Condensate ☐  
TEXAS-NEW MEXICO PIPE LINE COMPANY  
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 ☒ or Dry Gas ☐  
CONOCO, INC.  
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 (pilot, 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.  
Signature  
DOROTHEA OWENS  
REGULATORY  
Printed Name  
OCTOBER 6, 1993  
Date  
Telephone No.  
(915) 684-7441

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.