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Appropriate District Office
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DISTRICT II
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, 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

Operator MARALO, INC.		Well API No. 30-025-32238
Address P. O. BOX 832, MIDLAND, TX 79702		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> CHANGE OF LEASE NAME FROM : Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> CORBIN "13" FEDERAL A		
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. 2	Pool Name, Including Formation CORBIN; DELAWARE, WEST	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM-53239
Location Unit Letter J : 1650 Feet From The SOUTH Line and 1650 Feet From The EAST Line Section 13 Township 18S Range 32E , NMPM, LEA County				

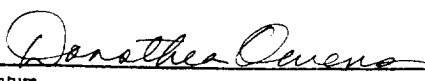
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXAS-NEW MEXICO PIPELINE COMPANY				Address (Give address to which approved copy of this form is to be sent) P.O. BOX 60028, SAN ANGELO, TX 76906			
Name of Authorized Transporter of Casinghead Gas <input 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 DR., SUITE 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 XXX	Gas Well	New Well XXX	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 (puce, 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 **DONATHEA OWENS** REGULATORY
Printed Name **NOVEMBER 23, 1993** Title **(915) 684-7441**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **NOV 24 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.