

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Er, Minerals and Natural Resources Department

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. 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 ☒ Other (Please explain) ☐
Recompletion ☐
Change in Operator ☐
Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐
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 Federal 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 or Condensate 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 or Dry Gas 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. PLIC-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 10-01-93 Date Compl. Ready to Prod. 11-05-93 Total Depth 5300' P.B.T.D. -
Elevations (DF, RKB, RT, GR, etc.) 3827.8' Name of Producing Formation DELAWARE Top Oil/Gas Pay 4899' Tubing Depth -
Perforations 4899 - 4913' & 4925 - 4933' Depth Casing Shoe -
TUBING, CASING AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12-1/4" 8-5/8" 23# 450' 300 SXS
7-7/8" 5-1/2" 15.5# 5300' 1305 SXS

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 11-05-93 Date of Test 11-14-93 Producing Method (Flow, pump, gas lift, etc.) PUMP
Length of Test 24 HRS. Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil - Bbls. 77 Water - Bbls. 122 Gas - MCF 35

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 NOVEMBER 16, 1993 Title (915) 684-7441
Date Telephone No.

OIL CONSERVATION DIVISION
Date Approved NOV 22 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.