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

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

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

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

Operator <b>Maralo, Inc.</b>		Well API No. <b>30-025-31137</b>
Address <b>P. O. Box 832, Midland, Texas 79702 0832</b>		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		<input type="checkbox"/> Other (Please explain) <b>We have 700 bbls. on hand to be moved.</b>
If change of operator give name and address of previous operator		<b>Approval to Move casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)</b>

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Prohibition Federal Unit</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Northwest Bootleg Ridge Delaware</b>	Kind of Lease <b>State, Federal or Fee</b>	Lease No. <b>NM-85937</b>
Location Unit Letter <b>E</b> : <b>660</b> Feet From The <b>West</b> Line and <b>1980</b> Feet From The <b>North</b> Line Section <b>12</b> Township <b>22-S</b> Range <b>32-E</b> , 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"/> <b>Enron Oil Trading and Transportation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1188, Houston, Texas 77251-1188</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <b>E</b>	Sec. <b>12</b>	Twp. <b>22S</b>	Rge. <b>32E</b>	Is gas actually connected? <b>No</b>	When ?

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <b>1-29-91</b>	Date Compl. Ready to Prod. <b>12-17-91</b>		Total Depth <b>15112</b>		P.B.T.D. <b>9735</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3645.4 Gr</b>	Name of Producing Formation <b>Delaware</b>		Top Oil/Gas Pay <b>8581</b>		Tubing Depth <b>8620</b>			
Perforations <b>8581 - 8599 (19 holes total)</b>					Depth Casing Shoe <b>12008'</b>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17 1/2</b>	<b>13 3/8</b>		<b>1120</b>		<b>700 sx</b>			
<b>8 1/2</b>	<b>9 5/8</b>		<b>4726</b>		<b>750 sx</b>			
<b>8 1/2</b>	<b>7"</b>		<b>12008</b>		<b>1650 sx</b>			

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 <b>12-14-91</b>	Date of Test <b>1-6-92</b>	Producing Method (Flow, pump, gas lift, etc.) <b>2 1/2 x 1 1/2 x 20' pump</b>	
Length of Test <b>24</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <b>101</b>	Oil - Bbls. <b>700 101</b>	Water - Bbls. <b>92</b>	Gas- MCF <b>200</b>

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.

**Brenda Coffman**  
Signature  
**Brenda Coffman** Agent  
Printed Name  
**January 7, 1991** Title  
**915 684-7441**  
Date Telephone No.

OIL CONSERVATION DIVISION

**JAN 09 '92**

Date Approved

By **ORIGINAL SIGNATURE OF APPROVING OFFICIAL**

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.