

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  
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. 30-025-31120
Address P. O. Box 832, Midland, Texas 79702-0832	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" 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"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bilbrey 34 Fed.	Well No. 1	Pool Name, Including Formation Bilbrey (Morrow)	Kind of Lease State (Federal) or Fee	Lease No. 85933
Location Unit Letter C : 1980 Feet From The West Line and 660 Feet From The North Line Section 34 Township 21-S Range 32-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> Enron Oil Trading and Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, Tx. 77251-1188					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, Tx. 77251-1188					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 34	Twp. 21S	Rge. 32E	Is gas actually connected? Yes	When? 4-22-91

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 1-16-91	Date Compl. Ready to Prod. 4-5-91		Total Depth 14830		P.B.T.D. 14785			
Elevations (DF, RKB, RT, GR, etc.) 3681.7 GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 14659		Tubing Depth 14570			
Perforations 14659 to 14765					Depth Casing Shoe 14830			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		765'		665 sx Cl. C			
12 1/4	9 5/8		4650'		850 sx Cl. C + 1500 sx			
6	7"		12000'		Howco Lite			
	2 7/8 & 2 3/8*		14570'		1650 sx 50/50 poz			

V. TEST DATA AND REQUEST FOR ALLOWABLE \*tapered

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 2.88	Length of Test 24 hrs.	Bbls. Condensate/MMCF 5	Gravity of Condensate 52.4
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 4348	Casing Pressure (Shut-in) PKR	Choke Size 16/64

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  
Brenda Coffman  
Printed Name  
Brenda Coffman  
Date  
4-30-91  
Agent  
Title  
915-684-7441  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved  
By  
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.