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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.	
Address	P.O. Box 832, Midland, Tx. 79702		
Person(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain)	
Operator Well	<input type="checkbox"/>	Change in Transporter of:	
Completion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
Range of operator give name address of previous operator			

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease State (Federal) or Fee	Lease No.
Use Name	Mr. D. Self	4	Langlie Mattix 7 Rivers Queen		04-E-6-26S-38E
Location	Unit Letter E : 1652 Feet From The North Line and 330 Feet From The West Line				
Section	6	Township	26S	Range	38E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	P.O. Box 2528, Hobbs, New Mexico 88240				
Texas-New Mexico Pipeline						
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Sid Richardson Carbon & Gasoline Co.		201 Main Street, Ft. Worth, Texas 76102				
Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	E	6	26S	38E	Yes	Nov. 1, 1991

This production is commingled with that from any other lease or pool, give commingling order number:									
COMPLETION DATA									
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Use Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Deviations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Drillations						Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.	
Brenda Coffman (TS)	
Signature	Brenda Coffman
Printed Name	2-12-92
Date	915-684-7441
	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved	
By ORIGINAL SIGNED BY JERRY SEATON	
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.