uit 5 Copies opriate District Office RICT I Box 1980, Hobbs, NM 88240

RICT II Drawer DD, Artesia, NM 88210

State of New Mexico Energy,erals 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

RICT III Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZAT	ION
TO TRANSPORT OIL AND NATURAL GAS	1 31/-11

	T	O TRAI	<u>NSP</u>	ORT OIL	AND NAT	URAL GAS	Well Al	OI No		
Maralo, Inc.							Well Al	-1140.		
raidio, inc.					······································					
P.O. Box 832, M	Midland,	Tx.	797	02	C) Other	(Please explai		 		
on(s) for Filing (Check proper box)	,		T	and an of	Other	(Flease expans	n)			
Well	Oil	Change in (Dry C							
mpletion	Casinghead									
nce of operator give name	Calabi					•				
deress of previous operator		 		 	<i>[</i> 1		. / / .			
DESCRIPTION OF WELL	AND LEA	SE				7745 -	1/// 9~ Kind Q		i e	ase No.
se Name		Well No.	Pool	Name, Includir	ng Formation	11. 0.		ederal)or Fee	05-D-0	6-26S-38E
M. D. Self		5	l J	ustis Bi	inebry /	000 2000	was -			
ation	2.	30	5 24	5 The NC	rth Line	and330	Fe	t From The	West	Line
Unit LetterD	_ :	30	. rea	LLOHI THE TIE		2.00				
Section 6 Townshi	ip 26S		Rang	e 38E	, NN	IPM, I	ea			County
					D.1. C.1.C					
DESIGNATION OF TRAN	ISPORTE	or Conden	IL A	ND NATU	Address (Give	address to wh	ich approved	copy of this fo	orm is to be se	nı)
ne of Authorized Transporter of Oil Texas—New Mexico Pip	$\frac{XX}{XX}$	or conden	10000	لــا	DO BO	2528,	Hobbs, 1	New Mexi	co 882	40
ne of Authorized Transporter of Casin		[XX	or D	ry Gas	Address (Giw	address to wh	ich approved	copy of this fo	orm is to be se	ent)
Sid Richardson Carbo	n & Gase	bline	Ço.			n Street			exas /6	102
rell produces oil or liquids,		Sec.	Twp		is gas actually Yes		When		91	
location of tanks.	$\frac{1}{D}$	6	26					V. a		
s production is commingled with that	from any oth	er lease or	pooi,	Sixe counting	ing older zem					
COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	1 - (X)	i .	<u> i</u>		<u> </u>	<u> </u>	<u> </u>	 	<u> </u>	_L
e Spudded	Date Comp	ol. Ready t	o Proc	1.	Total Depth			P.B.T.D.		
				:	Top Oil/Gas Pay			Tubing Depth		
vations (DF, RKB, RT, GR, etc.)	ns (DF, RKB, RT, GR, etc.) Name of Producing Formation									
·								Depth Casin	ng Shoe	
forations .										
	7	UBING	, CA	SING AND	CEMENTI	NG RECOR	<u> </u>		SACKS CEM	ENT
HOLE SIZE	CA	SING & T	UBIN	G SIZE		DEPTH SET			ORORO GEN	
										
						٠.		<u> </u>		
TEST DATA AND REQUI	EST FOR	ALLOW	VAB	LE			iouable for th	is depth or be	for full 24 ho	rurs.)
L WELL (Test must be after	r recovery of t	otal votam	e of la	oad oil and mu	Producing N	tethod (Flow, p	oump, gas lift,	etc.)		
ite First New Oil Run To Tank	Date of To	est			1 / Combing in					
	Tubina Pa	******			Casing Pressure			Choke Size		
ngth of Test	of Test Tubing Pressure						Gas- MCF			
ctual Prod. During Test	Oil - Bbls	i.			Water - Bbl	s.		Uas Mei		
mai Flor During 1000										······································
GAS WELL						40/00		Gravity o	Condensate	
chial Prod. Test - MCF/D	Length o	Length of Test			Bbis. Condensate/MMCF					
	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size				
sting Method (pitot, back pr.)	Tubing P	ressure (2)	hui-in)	Canal and a					
		-		TANCE				(ATION	101/16	!ON!
I. OPERATOR CERTIF	ICATE C	OF CON	/LPL	iw TAINCE		OIL CC	NSER	VALION	סועום וי	ION
I hereby certify that the rules and re	egulations of the in	ne Oil Coo formation	given	MON.	11			Ţ	LB I	
Division have been complied with a is true and complete to the best of	my knowledge	and belief	f.		∥ Da	te Approv	/ed			
7. 1.	ln -		1	<)	11			GAZ SMOSAM	MOTXE	
Drenda Co	HMA	N)	<u></u>	೨/	- ∥ Ву	SIGIN	LL SIGNED	CONDUMNICA E. WITHE		
Signatus renda Coffman	\mathcal{N}^{-}	Agent			.	£.	2位(2006年)。 -	1. 1. 2. A 1. T.		i.
			,	Title	Tit	le				
Printed Name 2-12-92		915-68	4-7	hone No.	-					
Date			reich	INDO I TO	!!					

- 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
- 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.