mit 5 Copies propriate District Office TRICT I). Box 1980, Hobbs, NM 88240

TRICT II
). Drawer DD, Artesia, NM 88210

STRICT III 30 Rio Brazos Rd., Aztec, NM 87410

Energy

State of New Mexico ierals 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

63611

REQUEST FOR ALLOWABLE AND AUTHORIZATIO	N
TO TRANSPORT OIL AND NATURAL GAS	

		10 1117	11101	<u> </u>	1 OIL	71112		01014		1 11 11 11 11	51.11					
erator										Well A	PI NO.					
Maralo, Inc.																
P.O. Box 832, M	idland	Τν ΄	7970	12												
ason(s) for Filing (Check proper box)	<u>rarana,</u>	17.	1510	<u> </u>			Othe	T (Please ex	plain)						
w Well		Change in	Trans	porter	of:											
completion	Oil		Dry (Gas												
ange in Operator	Casingher	ad Gas 🔯	Cond	len sate												
hange of operator give name								•								
address of previous operator									,	7 6711	c 11/	192				
DESCRIPTION OF WELL	AND LE		15	Mana	In alread	E				-9714_	Lease	1100		se No.		
M. D. Self Well No. Pool Name, included the Market of Self Mell No. Pool Name, included the Mell No. Justis B											Federal or Fe	e 06	06-E-6-26S-38			
		10	1 00	19 CI	.5 DI.	LITED	Ly M	bo ku	2470	114						
cation	1 77	re o	_	_	The	NTo solu	la tim		330	E.	et From The	Wes	:+	Line		
Unit LetterE	_:	50	_ Feet	From	ine	WOLL	CL LIN	s and	<u> </u>	re	et rioin lik		-			
Section 6 Townsh	ip 26S	5	Ran	ge	38E		, NI	мрм,		Lea				County		
·	:															
I. DESIGNATION OF TRAI	NSPORTE			ND 1	NATU	RAL	GAS				-citt-	<u> </u>		(1)		
ame of Authorized Transporter of Oil	XX	or Conde	nsale			j.					copy of this					
<u> Pipe</u>		~~									New Mexi					
ame of Authorized Transporter of Casin 31d Richardson Carbon	ighead Gas	AXI oline C		ry Gai	• ——						orth, Te		7610			
	Unit	S∞.	Twr		Rge.			y connected		When						
well produces oil or liquids, re location of tanks.	E	1 6		ês i	38E			es		Nov	7. 1, 19	91				
his ambuston is commissed with the	from any of	ther lease or	pool.	give c	comming	ling on	ler num	ber:								
COMPLETION DATA	:: A:O	HARDS	ON	ĞA	SOLÌ	NE	CO.	- Eff. 3/	1/9	3						
		Oil Wel	11	Gas	Well	Nev	w Well	Workove	r	Deepen	Plug Back	Same F	les'v	Diff Res'v		
Designate Type of Completion			l			1		<u>l</u>	l					l		
ate Spudded	Date Con	npi. Ready t	to Proc	1.		Total	Depth				P.B.T.D.					
						Ton	Top Oil/Gas Pay					nth.				
levations (DF, RKB, RT, GR, etc.) Name of Producing For						Top	l lop Gib Gib Cib Cib Cib				Tubing Depth					
						<u></u>					Depth Casi	ng Shoe				
erforations											'					
		TURING	CA	SINC	3 AND	CEM	IENT	NG REC	ORI)						
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE						DEPTH S		SACKS CEMENT						
HOLE SIZE	· · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									<u> </u>					
•			5			_L					<u> </u>					
. TEST DATA AND REQUI	EST FOR	ALLOW	AYRI	LE			م مد امید	e exceed to	alla	wable for th	is depth or b	e for full	24 hour	s.)		
			e oj ic	ода оц	ana mu	Prod	ucing h	Method (Flor	w, pu	mp, gas lift,	elc.)	<u></u>				
Date First New Oil Run To Tank	Date of	lest						·								
	Tubing I	Tuking Pressure					Casing Pressure					Choke Size				
ength of Test	Tubing Pressure											100				
Actual Prod. During Test	Oil - Bb	is.				Wat	er - Bbl	š.			Gas- MCI	•				
month town rating took					•											
CAC TITEL!																
GAS WELL Actual Prod. Test - MCF/D	Length	of Test				Вы	s. Cond	ensate/MMC	F		Gravity o	Conden	sale	<u> </u>		
Lannage Time That _ lates in											Choke Size					
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)						Casing Pressure (Shut-in)					CHOKE SILE					
						\										
VI. OPERATOR CERTIF	CATE C	OF COM	MPL.	LAN	CE	-			ON.	ISER\	ATION	אום ו	/ISIC	M		
I hamby certify that the niles and re	oulations of	the Oil Con	servati	ion		-		OIL O	O.	YOL! \	,,,,,,					
Division have been complied with a	ind that the it	Mounanou i	Riven :	above						لم	F	EB 1	7 '92	<u>)</u>		
is true and complete to the best of r	ny knowledge	e and belief		`			Da	te Appr	ove	!a						
Ryando 1.	d D 1	(n)	1	15)			^	1011	ואו כוסגי	ED BY IET	יסע כבי	YTON			
DUNUU C	2771VI	WV		<u>~//</u>			Ву	- OKI			ED BY JER		VION			
Signature Brenda Coffman	VU_{j}	Agent								DISTRICT	ISUFERV	130K				
			-	ille		\parallel	Tit	le						<u>* </u>		
Printed Name 2-12-92		915-684	1-74	41	<u> </u>	.		DDF	0	JRD	ONL'	Y	AP	R 30 13		
Date		٦	relebu	one N	N.	!!_		<u> </u>	۱ ن	ノハレ	-, , , -	سسنة	كنن	., 🔾 🗸 📉		

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.