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Appropriate District Office
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1000 Rio Brazos Rd., Altec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

GAS OPERATIONS
RECEIVED

MAR 9 1992

I. Operator

Maralo, Inc.

Well API No.

Address

P.O. Box 832 Midland, Texas 79702-0832

Reason(s) for Filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Operator ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☒ Condensate ☐

Other (Please explain)

WJF ☒ SIG ☒
DMW ☒ SAG ☒
DGT ☒

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|---|------------------------------|
| Lease Name Maralo Jalmat Yates Unit | Well No. 1 | Pool Name, including Formation Jalmat Tansill Yates 7 Rivers | Kind of Lease State, Federal or Fee <input checked="" type="radio"/> | Lease No. 01-I-12-25S-36E |
| Location Unit Letter I : 2310 Feet From The North Line and 330 Feet From The East Line Section 12 Township 25S Range 36E, 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"/> Shell Pipe Line Corporation | Address (Give address to which approved copy of this form is to be sent) P.O. Box 2648 Houston, Texas 77252 | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Sid Richardson Carbon & Gasoline Company | Address (Give address to which approved copy of this form is to be sent) 201 Main Street Fort Worth, Texas 76102 | | | |
| If well produces oil or liquids, give location of tanks. | Unit NE 1/4 | Sec. 12 | Twp. 25S | Rge. 36E |
| Is gas actually connected? | | When? | | |
| Yes | | November 1, 1991 | | |

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 |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | Depth Casing Shoe | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | | SACKS CEMENT | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 | 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

Brenda Coffman

Agent

Printed Name
2-24-92

Date

Title
(915) 684-7441

Telephone No.

OIL CONSERVATION DIVISION

MAR 05 '92

Date Approved

Orig. Signed by

By

Paul Kautz
Geologist

Title

FOR RECORD ONLY

MAY 20 1993

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.

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