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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

Operator Maralo, Inc.		Well API No.
Address P.O. Box 832 Midland, Texas 79702-0832		
Reason(s) for Filing (Check proper box) <span style="float:right">Other (Please explain)</span>		
New Well <input 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 checked="" type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

Lease Name Maralo Jalmat Yates Unit		Well No. 22	Pool Name, Including Formation Jalmat Tansill Yates 7 Rivers	Kind of Lease State, Federal or <u>Fee</u>	Lease No. 22-H-13-25S-36E
Location Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>13</u> Township <u>25S</u> Range <u>36E</u> , NMPM, Lea County					

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/4	Sec. 13	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:

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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test		
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.	
<u>Brenda Coffman</u> Signature Brenda Coffman Agent Printed Name Title 2-24-92 (915) 684-7441 Date Telephone No.	

OIL CONSERVATION DIVISION MAR 05 '92	
Date Approved	
By <u>Paul Kautz</u> Geologist	
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.