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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## 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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Moretal D. Inc.  Moretal C. D. Sox 832 Midland, Texas 79702-0832  Manusolf for Filiag (Center proper fox)  New Well C. Cause in Transported of Charge for Open fox Charge in Transported of Charge of Open for Charge for Open for Charge of Open for Charge for	I.	T(	OTRAN	SPORT OIL	AND NA	URAL GA	S Wall A	DI No			
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Company open state	, .	Casinghead									
Lass No.  IDESCRIPTION OF WELL AND LEASE  Lass Nice  Maralo Jalmat Yates Unit  12 Jalmat Tansill Yates 7 Rivers  Maralo Jalmat Yates Unit  12 Jalmat Tansill Yates 7 Rivers  Maralo Jalmat Yates Unit  Line and 330 Feet From The 12—A-13—25S—36 I  Leewine  Unit Leter A 330 Feet From The North Line and 330 Feet From The East Line  Section 13 Towaship 25S Rasse 36E NNFM. Lea Cocceny  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS.  None of Authorized Transporter of Oil X or Coccentration  Shell Pipe Line Corporation  Shell Pipe Line Corporation  Sid Richardson Carbon. 6 Gasoline. Company  West Propose cells freque, provide section of the Sec. Prop. Ras. 18 ps actually connected? West 97 West 7 West					<del> </del>						
DESCRIPTION OF WELL AND LEASE   Lease Nines   Marcalo   Jalmat Yates Unit   Values	and address of previous operator										
Lass Name   Maralo Jalmat Yates Unit   12   Jalmat Tanes   Name, including Formation   Name, including Formation   Name	·	NID TEAS	210								
Lease Name   Marcalo Jalmat Yates Unit   12   Jalmat Tanasill Yates 7 Rivers   Star, Federal of (Feb   12-A-13-25S-36)		UND LEAS	Vell Ma I De	at Nama Indudia	a Formation		Kind o	(Lease	Le	ase No.	
Location   Line   Lin						00 7 D##	State, i	ederal on Fed	12-A-1	3-258-36	
Usit Letter A 330 Feet From The North Line and 330 Feet From The EASE Lies Section 13 Township 25S Range 36E NMFM. Lea County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorited Transporter of Oil Y Or Condensible Authorited Transporter of Oil Y Or Condensible Authorited Transporter of Catalysead Gal X or Dry Cast  Address (five address to which approved copy of this form is to be seated)  Shall PLips Line Corporation or Dry Cast  Address (five address to which approved copy of this form is to be seated)  Shall Richardson Carbon & Gasoline Commany. Address (five address to which approved copy of this form is to be seated)  If well produces all or liquids, Unit Sec. Twp. Rgs. Is yet actually connected? When I Towns 76102  If well produces of the Towns No. 1 Towns 76102  If well produces of the Towns No. 1 Towns 76102  If well produced in comminglated with that from any other lease or prod, give commingling order number:  V. COMPLETION DATA  Designate Type of Completion - (X)  Oil Well Gas Well New Well Workover Deepte Flug Back Same Reiv Diff Reiv  Perforations  TUBING, CASING AND CEMENTING RECORD  Designate Type of Completion - (X)  Name of Producing Formation  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  OLE STATE AND REQUEST FOR ALLOWABLE  OIL WELL (Test must be after recovery of load volume of load oil and must be squal to or asceed top allowable for his depth or be for full 24 hours.)  Producing Pressure  OIL WELL (Test must be after recovery of load volume of load oil and must be squal to or asceed top allowable for his depth or be for full 24 hours.)  Producing Pressure  OIL WELL (Test must be after recovery of load volume of load oil and must be squal to or asceed top allowable for his depth or be for full 24 hours.)  Producing Pressure  OIL Gas McF  OIL CONSERVATION DIVISION  MAR 0 5 '92  Date of Frail (Kalage  By Geologicial Title  Producing Name of Contraction of the oil Conservation  Divicio have been compiled with tack that do information given above	Maralo Jalmat lates	onit	12 ] J	armat lans	ill Idi	es / KIV	:1S1 .	1			
Section 13   Township 25S   Range 36E   NMFM,   Lea   County	1	221	0	No	wth	330	<u> </u>		East	1:00	
Name of Authorited Transporter of Oil And NATURAL GAS   Name of Authorited Transporter of Oil And Or Crodensiste	Unit LetterA	.::	F	ect From The	Lin Lin	and	F⇔	et From The.		Line	
Name of Authorited Transporter of Oil And NATURAL GAS   Name of Authorited Transporter of Oil And Or Crodensiste	10	0.50		267			Loc	1		County	
Name of Authorized Transporter of Oil   See   Depth Cating pand Ose   P. O.   Depth Cating Shoe   P. O.   Dept	Section 13 Township	258	R	ange JOE	, N	мрм,	rea			<u>axiir</u>	
Name of Authorized Transporter of Oil   See   Depth Cating pand Ose   P. O.   Depth Cating Shoe   P. O.   Dept	•										
Name of Authorized Transporter of Oil Shall Pape Line Corporation   P.O. Box 2648   Phouseon Types   Tubing Pressure   Producing Memory of the form is to be sero)   Note of Authorized Transporter of Catinghead Gas   Xi or Pry Gas   P.O. Box 2648   Phouseon Types   P.O. Box 2648   P.O. Box 2648   Phouseon Types   P.O. Box 2648   Phouseon Types   P.O. Box 2648   P.O. Box 2	III. DESIGNATION OF TRANS	SPORTER	OF OIL	AND NATUE	RAL GAS						
Shell Pipe Line Corporation  Note of Authorist Transporter of Casiphead Ga	Name of Authorized Transporter of Oil	(X)	or Condensal	بة الله الله الله الله الله الله الله الل	Address (Giv					ni)	
Name of Authorized Transporter of Casinghead Gas   X   or Dry Cas   Address (Give address to which approved copy of the form a to be steel)	Shell Pipe Line Corporation P.O. Box 2648 Houston, Texas 77252										
Sid Richardson Carbon & Gasoline Company   201 Main Street Fort Morth, Texas 76102   When 7   November 1, 1991   Novem				r Dry Gas	Address (Giv	re address 10 wh	ich approved	copy of this f	orm is so be se	nt)	
If well produces oil or liquids,   Unit   Sec.   Twp.   Res.   Is gas actually connected?   Yes   November 1, 1991		Italia of Manorines Italiappoint of Carrier and Carrie					201 Main Street Fort Worth Texas 76102				
Total production is commissional with that from any other lease or pool, give commissions order number:					Is gas actually connected? When?						
If this production is committinged with that from my other lease or pool, give committing order number:  IV. COMPLETION DATA  Designate Type of Completion - (X)  Oil Well  Date Spanded  Date Compl. Ready to Prod.  Date Spanded  Date Compl. Ready to Prod.  Date Spanded  Date Compl. Ready to Prod.  Date Spanded  Date Completion - (X)  Date First New Oil Rus To Tank  Date of Test  Date Of Test  Date First New Oil Rus To Tank  Date of Test  Date Of Test  Date First New Oil Rus To Tank  Date of Test  Date Of Test  Date First New Oil Rus To Tank  Date of Test  Date Oil - Bbls.  Water - Bbls.  Gas- MCF  Onobe Size  Oil - Bbls.  Gravity of Condensate MMCF  Date Approved  MAR 0 5 '92  Date Approved  MAR 0 5 '92  Date Approved  Date Date Approved  MAR 0 5 '92  Date Approved  Date Date Approved  MAR 0 5 '92  Date Approved  Date Date Approved  Mar 0 5 '92  Date Approved  Date Approved  Mar 0 5 '92  Date Approved  Mar 0 5 '92  Date Approved  Mar 0 5 '92  Date Approved  Date Approved  Mar 0 5 '92  Date Approved  Mar 0 5 '92  Date Approved  Mar 0 5 '92		' :	12				l No.	vember	1, 1991		
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Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Top Old/Gas Pay  Tubing Depth  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 squal to or exceed top allowable for this depth or be for full 24 hours;)  Date First New Oil Run To Tank  Date of Test  Length of Test  Length of Test  Actual Prod. Test and Date of Test  Casing Pressure  Casing Pressure  Choke Size  Oil - Bbls.  Water - Bbls.  Gas- MCF  VI. OPERATOR CERTIFICATE of COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Paul Kantage  By Ginclosistic  Title  Tit	If this production is commingled with that I	tom my oute	r lease or po	or, grit community	26 0.000						
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Date Spodded  Date Compil. Ready to Prod.  Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Top Oll/Gss Pay  Tubing Depth  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  (Ites 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  Leogth of Test  Leogth of Test  Casing Pressure  Casing Pressure  Choke Size  Choke Size  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Tubing Pressure (Shus-in)  VI. OPERATOR CERTIFICATE OF COMPLIANCE  Ihrreby certify that the rules and regulations of the Oil Conservation  Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Paul Kantag  By Gaologists  Title  11tle  11tle  11tle  11tle  Title  11tle  Title  11tle  Title  11tle  Title  Title  11tle  Title	Designate Time of Completion	. ~	Oil Well	Gas well	Mem well	1	i zapa		i	i l	
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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.)  Casing Pressure  Casing Pressure  Choke Size  GAS WELL  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas-MCF  Oil CONSERVATION DIVISION  Tubing Pressure (Shut-in)  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief.  Paul Rautz  Brenda Coffman  Tule Gas-744.1  Title  T								Dowb Casi	na Shae		
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Length of Test   Tubing Pressure					Caring Pressure			Choke Size .			
Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  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.  Printed Name  Brenda Coffman  Agent  Title  Telephone No.	Length of Test	धार	nte		Casing Pressure						
Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  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.  Printed Name  Brenda Coffman  Agent  Title  Telephone No.					DV DVI			Gas- MCF			
GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  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.  Signature Brenda Coffman  Agent  Printed Name 2-24-92  (915) 684-7441  Telephone No.	Actual Prod. During Test	Oil - Bbls.		<b>.</b>	Maret - Bor	<b>L</b> .			*		
Actual Prod. Test - MCF/D  Length of Test  Testing Method (pitor, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Onoke 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.  Printed Name  2-24-92  (915) 684-7441  Title  Title  Title  Title  Title  Title  Telephone No.											
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Testing Method (pitox, back pr.)  Tubing Pressure (Shut-in)  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.  Division have been complete to the best of my knowledge and belief.  Date Approved  By Geologists  Title  Printed Name  2-24-92  (915) 684-7441  Telephone No.	Actual Prod. Test - MCF/D	Length of lest			-						
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.    Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.    Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.    Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.    Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.    Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.    Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.    Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.    Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.    Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.    Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.    Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.    Division have been complete to the best of my knowledge and belief.   Division have been complete to the best of my knowledge and belief.   Division have been complete to the best of my knowledge and belief.   Division have been complete to the best of my knowledge and belief.   Division have been complete to the best of my	10 10 10 10 10 10 10 10 10 10 10 10 10 1				Casing Pressure (Shut-in)			Choke Size			
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Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved  By	Thereby and first has the miles and remi	lations of the	Oil Conserv	ation		OIL CO	AOLI (A	711011	011101	O11	
Date Approved  Faul Kautz  Signature Brenda Coffman  Agent  Printed Name 2-24-92  Telephone No.	Division have been complied with and that the information given above					MAR 0.5 '92					
Signature Brenda Coffman  Agent  Title Printed Name 2-24-92  Telephone No.	is true and complete to the best of my knowledge and belief.					Date Approved					
Signature Brenda Coffman  Printed Name 2-24-92  Telephone No.  By		~				· - · · · · · · · · · · · · · · · · · ·	३१ ठाड्डम्ब	ω <b>y</b> ,			
Signature	Pha da ( all	)	1								
Brenda Coffman         Agent           Printed Name         Title           2-24-92         (915) 684-7441           Telephone No.         Title	1) lunaa lun	Ву		<del>Pe</del> oroasal	<del>,</del>						
Printed Name  2-24-92  Title  Title  Title  Title  Title  Title	Signature U	J	As	gent							
2-24-92 (915) 684-7441 Telephone No.					Titl	e					
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	Z-24-92 Date				11	==================================					

- 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.