Submit 5 Cooles
Appropriate District Office
DISTRICT 1
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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III	
1000 Pio Person Pd	Atten NM 87410

000 Rio Brizos Rd., Aztec, NM 8/410	REQUEST FO	R ALLOWAE	SLE AND A	UTHORIZ	ATION			
•	TO TRAI	NSPORT OIL	AND NAT	UHAL GA	S Well Al	I No.		
Openior Maralo, Inc.					,			
Address					<u></u> .			
P.O. Box 832 Midlan	d, Texas 797	702-0832						
Reason(s) for Filing (Check proper box)			[Othe	rt (Please explai	n)			
New Well		Transporter of: Dry Gas						
Recompletion Change in Operator	Oil Casinghead Gas 🗔							
f change of operator give name								
and address of previous operator								
IL DESCRIPTION OF WELL A	AND LEASE				Kind of	Lassa	1.6	ase No.
Lease Name	I	ing Formation	State, F			ederal or Fee 21-G-18-25S-361		
Maralo Jalmat Yates	Unit 21	Jalmat Tan	SILL YAF	es / Kyve	re			
Location	. 1650	Feet From The N	orth Lin	and 165	i0 F e c	t From The _	East	Line
Unit Letter	, i	rect from the						
Section 13 Township	, 25S	Range 36E	, NI	мрм,	Lea			County
- PROTONION OF TO AN	CROPTER OF O	T AND NATT	DAL GAS					
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	or Conden	sale	Address (Giv	e address to wh	ich approved	opy of this fo	em is 10 be ser	rt)
Shell Pipe Line Corp	L	\	P.O. Bo	x 2648 F	louston,	Texas	77252	
Name of Authorized Transporter of Casing	phead Gas X	or Dry Gas	1	ve address to wh				
Sid Richardson Carbo			201 Mai Is gas actual	n Street	When		rexas 7	0102
If well produces oil or liquids, give location of tanks.	Unit	Twp. Rge 258 36E	1	es		vember_	1. 1991	
If this production is commingled with that f								
IV. COMPLETION DATA				<u> </u>	- V			
	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	Date Compl. Ready to	Prod	Total Depth	<u> </u>	<u> </u>	P.B.T.D.	L	
Date Spudded	Date Compil. Ready to	71100						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	ormation	Top Oil/Gas	Pay		Tubing Dept	h	
						Depth Casing Shoe		
Perforations						Depui Casia	g snoc	
	TURING	CASING AND	CEMENT	NG RECOR	D	<u>!</u>		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
Troca orac								
		· · · · · · · · · · · · · · · · · · ·	_					
				,	 			
V. TEST DATA AND REQUES	ST FOR ALLOW	ABLE		· · · · · · · · · · · · · · · · · ·		<u></u>		
OIL WELL (Test must be after t	recovery of total volume	of load oil and mu	si be equal to o	r exceed top all	owable for thi	depth or be	for full 24 hou	rs.)
Date First New Oil Run To Tank	Date of Test		Producing N	Method (Flow, p	ump, gas lift, e	uc.)		
			Casing Pres	sure		Choke Size		
Length of Test	Tubing Pressure		C23,128 . 1.00					_
Actual Prod. During Test	Oil - Bbls.		Water - Bbl	S.		Gas- MCF		
Actual Flow During Flow			<u> </u>			<u> </u>		
GAS WELL								
Actual Prod. Test - MCF/D	Length of Test		Bbls. Cond	ensate/MMCF		Gravity of	Condensate	
			Casing Pressure (Shut-in)			Choke Size		
Testing Method (pilot, back pr.)	Tubing Pressure (Shu	m-m)	Casing 110	10010 (01100 10)				
	mm OF CO) (DI IANCE						
VI. OPERATOR CERTIFIC	JATE OF COM	PLIANCE		OIL CO	NSERV	ATION	DIVISION	NC
I hereby certify that the rules and regularisis have been complied with and	i that the information gr	ven above				M	AR 0 5 '9	12
is true and complete to the best of my	knowledge and belief.		Da	te Approvi	ed	£11:	, 0 0 0	/ Im
\mathcal{D}_{i}	1.0			g. S	igned by			
Drenda La	Hman_		Ву	Paul	Kantz			
Signature Brenda Coffman	UU	Agent		<u>Lie</u> 0	IN Secretary			
Printed Name	40.173	Title	Titl	θ	200	ALIIV		
2-24-92 Date	(915) Te	684-7441 elephone No.	FOF	RECO	ノベリ	JINLI	MAY	20 1002
L'au								

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.