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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

## 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, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	7	TO TRA	NS	PORT OIL	AND NA	UHAL GA	15				
Operator							Well A	PI No.			
Maralo, Inc. Address	,,_,							<del></del>			
P.O. Box 832,	Midlan	d. Tx.	7	9702							
Reason(s) for Filing (Check proper box)	<u> </u>				Othe	t (Please expla	in)				
New Well		Change in									
Recompletion	Oil Casinghea	4 Gas 🖂	Dry								
Change in Operator  f change of operator give name	Canngness	108 (4)		Occupate []	<del> </del>		· · · · · · · · · · · · · · · · · · ·				
and address of previous operator					<del> </del>						
L DESCRIPTION OF WELL	AND LEA		1_				Vinda	f Lease	1	ease No.	
Lease Name Maggie Rose		Well No.		Name, Includi lmat Tans	_	es 7 Rive	Conta	Federal of Fe	<b>1</b> -	-18-25S-37E	
Location			1					1			
Unit Letter M	3.	30	_ Feet	From The S	outh Line	and330	) Fo	et From The	West	Line	
Section 18 Township	259	5	Ran	ge 37E	, NN	IPM,	Lea			County	
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil None		or Conde			Address (Giw	e address to wh	iich approved	copy of this f	orm is to be se	ent)	
Name of Authorized Transporter of Casing	thead Gas	X	or I	Ory Gas	Address (Give	address to wh	iich approved	copy of this f	orm is to be se	ent)	
Sid Richardson Carbo		soline				n Street			xas 761	02	
If well produces oil or liquids,	Unit	Sec.	Tw		is gas actually	connected?	When		1 1001		
give location of tanks.	M	18		5S 37E	Yes	wer .		NOV.	1, 1991		
If this production is commingled with that i	rom any ou	er lease or	pooi,	Sive consumity	ing older main	~··					
		Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		1			Total Depth	<u> </u>	<u>l`</u>	P.B.T.D.	<u> </u>		
Date Spudded	Date Com	Date Compl. Ready to Prod.							1.0.1.0.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations	1				1	<del></del>		Depth Casii	ng Shoe		
					CTC) CTC) TOTAL	VC DECOR	<u> </u>				
	TUBING, CASING AND C				CEMENTI	DEPTH SET			SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE										
	+										
								<del> </del>			
		ALLOW!	ADI	<u>r</u>							
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR A	ALLUW aai valum	ADI of lo	ad oil and mus	t be equal to or	exceed top all	owable for th	is depth or be	for full 24 hos	urs.)	
OIL WELL (Test must be after r  Date First New Oil Run To Tank	Date of Te		. 0,		Producing M	ethod (Flow, pr	ump, gas lift,	etc.)			
					Carina Press			Choke Size	Choke Size		
Length of Test	Tubing Pressure				Casing Pressure						
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
					<u></u>			<u>.                                    </u>			
GAS WELL					Thur Code			Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			0.2, 0. 0.3			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
Treating Marie (prior) case p. 7											
VI. OPERATOR CERTIFIC	ATE O	F COM	PLI	ANCE		OIL COI	NSERV	'ATION	DIVISI	ON	
I hereby certify that the rules and regulations of the Oil Conservation							102				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	e Approve	ad	ļ t.	317		
		1	_\								
Grenda Cokkman (T5)					By_	By ORIGINAL SIGN OF A PARKY SEXTON					
Signature Brenda Coffman	ı	Agen	t		-, -	j.	istract ::	JUPERVIS <b>C</b>	)K		
Printed Name			-	ille	Title	·					
2-12-92	915	-684-7 T₁		one No.							
Date		-	1								

- 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.