Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

## 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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Maralo, Inc.					,				
ddress P.O. Box 832 Midlar	nd. Texas 79	702-0832							
eason(s) for Filing (Check proper box)	id, Tendo 72	702 0032	Other	(Please explai	in)			· · · · · · · · · · · · · · · · · · ·	
ew Well	Change in	Transporter of:	۳۰۰۰۰ سی	,,	•				
ecompletion		Dry Gas							
hange in Operator	Casinghead Gas								
change of operator give name d address of previous operator								<del>-</del>	
DESCRIPTION OF WELL	AND LEASE								
ase Name Well No. Pool Name, Including			g Formation Kind o			Lease No. Federal on Fee 29 1 18 259 3			
Maralo Jalmat Yates	Unit 29	Jalmat Tans	ill Yate	es 7 Rive	ers State,	receisi ordice	29-L-1	.8-25S-37	
ocation Unit Letter	2310	Feet From The Non	th Line	and990	Fe	et From The _	West	Line	
Section 18 Townshi	p 25S	Range 37E		гРМ,	Le	a		County	
Π. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATUI	RAL GAS	· ·					
Name of Authorized Transporter of Oil	X or Conde		Address (Give	address to wh	ich approved	l copy of this fo	orm is so be se	nt)	
Shell Pipe Line Corp	poration	,	P.O. B	ox 2648	Housto	n, Texas	77252		
Name of Authorized Transporter of Casin		or Dry Gas	Address (Giw	address to what in Stree	ich approved et For	d copy of this fo t Worth.	orm is to be se Texas	หม) 76102	
Sid Richardson Garts		Company Twp. Rgc.	is gas actually		When	<del> </del>	ICAGO		
if well produces oil or liquids, ive location of tanks.	Unit   Sec.   L   18	25S   37E	Yes			November 1, 1991			
this production is commingled with that V. COMPLETION DATA	from any other lease of D FIOHARDS	DN GASOLIN	E CO	ËH, 3/1/9	3				
Designate Type of Completion	Oil Wel	I Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready 1	o Prod.	Total Depth	<u> </u>	<del></del>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	ions (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casir	ng Shoe		
			CTL CELTT	NO DECOR	<u> </u>		•	<del></del>	
TUBING, CASING AND			DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE		DEFITIGET						
								<del> </del>	
				·					
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE	. L aual ta ai	e exceed top all	owable for ti	his depth or be	for full 24 ho	urs.)	
OIL WELL (Test must be after	recovery of total volum	e of load oil and must	Producing M	ethod (Flow, p	ump, gas lift,	, etc.)			
Date First New Oil Run To Tank	Date of Test								
Length of Test	Tubing Pressure	Casing Pressure			Choke Size .				
Actual Prod. During Test	Oil - Bbls.	Water - Bols.			Gas- MCF	Gas- MCF			
			1.,						
GAS WELL	Length of Test		Bbis. Conde	nsate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D		-			Choke Size				
Testing Method (pitot, back pr.)	Tubing Pressure (St	Casing Pressure (Shut-in)			4,020 02				
VI. OPERATOR CERTIFI	CATE OF COM	IPLIANCE		OIL CO	NSER'	VATION	DIVISI	ON	
I hereby certify that the rules and reg Division have been complied with ar is true and complete to the best of m	d that the information (	SIASU WOOAS	Dat	e Approv	ed	MAK U	5 94		
D				• •	Signed k	)Y			
Dranda Cot Signature	4 man	Agent	By.	Pat	eologisti				
Brenda Coffman Printed Name		Tide	Title	9		AIII	7 22	<u> </u>	
2-24-92		5) 684-7441 [elephone No.	FOF	REC	ORD	ONL	AP	R 3019	
Date		cieprone i voi				والجازة ومروي			

- 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.