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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

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

I <b>.</b>	Т	O TRANS	SPOR	T OIL	AND NAT	URAL GA	S			<del></del>	
Operator							Well A	PI No.			
Maralo, Inc.				<del></del>							
P.O. Box 832 Midland	, Texas	79702 <b>-</b>	<u>0832</u>			(0)	:-\				
Reason(s) for Filing (Check proper box)	,	Channa in Ton		.6. ~1		r (Please expla					
New Well  Recompletion	Oil	Change in Trai	usporter ( 7 Gas	"Cha	nge Name	e From:	Jalmat	Yates Uni	it		
Change in Operator	Casinghead		ndensate								
f change of operator give name											
and address of previous operator		~~									
II. DESCRIPTION OF WELL AND LEASE  Lease Name Well No.   Pool Name, Including						re Formation Kin			of Lease Lease No.		
					sill Yates 7 Rivers			Federal or Fee 30-K-18-2		18-25S-37	
Location											
Unit Letter K	: 23	10 Fee	et From T	The _S	outh Line	and2310	) Fe	et From The	West	Line	
10 -	٥٢٥	<b>n</b> .		270	ND.	CDL C	Та	. ~		County	
Section 18 Township	<u>25s</u>	Ra	nge	37E	, NN	<u>/IPM,</u>	I <i>€</i>		2.5	<u>ccai.j</u>	
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND N	ATU	RAL GAS	Inge.	etia		ll _	<del> </del>	
Name of Authorized Transporter of Oil X or Condensate					Address (Give address to which approved copy of this form is to be sent)						
Shell Pipe line Corporation					P.O. Box 2648 Houston, Fexas 77252  Address (Give address to which appeared copy of this form is to be sent)						
me of Authorized Transporter of Casinghead Gas A or Dry Gas A Sid Richardson Carbon & Gasoline Company					201 Main Street Fort Worth, Texas 76102						
If well produces oil or liquids,		Sec. Tw		Rge.	is gas actually		When				
give location of tanks.	<u>i i</u>						1				
If this production is commingled with that	from any other	er lease or poo	l, give co	mmingli	ing order numb	er:					
IV. COMPLETION DATA		Oil Well	Gas	Wall	New Well	Workover	Deepen	Plug Back S	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	lon wen	045	Well	1104 11011						
Date Spudded					Total Depth			P.B.T.D.			
					Too Oll/God	550		m 1: D 4			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe			
10.00								<u> </u>			
	TUBING, CASING AND								0.000 050505		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			S.	ACKS CEME	NT		
	ļ										
,											
V. TEST DATA AND REQUES	ST FOR A	LLOWAB	LE				anabla for th	in dansk on he f	ne full 24 hour	e 1	
OIL WELL (Test must be after recovery of total volume of load oil and must be					be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)						
Date First New Oil Run To Tank	Date of Te	SI.			1,0000000	,,	, , ,				
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
				Water - Bbis.			Gas- MCF				
Actual Prod. During Test	Test Oil - Bbls.										
					J			<u> </u>			
GAS WELL		~			Bhis Conde	nsate/MMCF		Gravity of C	ondensate		
Actual Prod. Test - MCF/D	Length of Test				- Buis. Calculation and a second						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
resums without (puot, back pr.)											
VI. OPERATOR CERTIFIC	ATE OF	COMPL	IANC	E			MOEDV	ATION	חואופור	M	
I hereby certify that the rules and repu	lations of the	Oil Conserval	tion		'		NOENV	AHON		/ 1 A	
Division have been complied with and	that the info	amation given	above				~d	rng	1 /		
is true and complete to the best of my	THOMISTIES 3	we outlet.			Date	e Approve	<del></del>		<u> </u>		
Brenda Collman					By ORIGINAL SIGNED BY JEARY SEXTON						
Signature			J		∥ By_			MESELSOI			
Brenda Coffman			Title	<del></del>	Title	<b>.</b>					
Printed Name 2-13-92			684	<del>-744</del> 1	-	<i></i>					
		Talant	No No								

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. with Rule 111.
- 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.