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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., Aztec, NM 87410

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

1000 NO BIZZA Ku., AZZZ, NIVI 67410							AUTHORIZ					
0		TO TRA	NSI	PORT	OIL	AND NA	Well API No.					
Operator Maralo, Inc.							30-025-29148					
Address												
P.O. Box 832 Mid	land, Te	exas 7	970	2-083	32							
Reason(s) for Filing (Check proper box)		G	T			Oth	er (Please expla	in)				
New Well  Recompletion	Oil	Change in	Dry (	-		Change 1	Name Fron	n: Jalm	at Yates	3 Unit		
Change in Operator		ad Gas 🔀										
f change of operator give name												
and address of previous operator												
I. DESCRIPTION OF WELL AND LEASE  Lease Name   Well No.   Pool Name, Including						og Formation Kind o			of Lease	Lease Lease No.		
Maralo Jalmat Yates U						sill Yates 7 Rivers			Federal or Federal	ederal of Fee 32-P-12-25S-3		
Location												
Unit Letter P	:33	0	Feet	From Th	neS	outh Lin	e and331	<u> </u>	et From The.	East	Line	
10 0FG - 26D							, NMPM, Le			a County		
Section 12 Towns	ip 25S		Rang	ge	305	, NI	virivi,		a			
III. DESIGNATION OF TRA	NSPORTE	ER OF O	LA	ND N	ATUI	RAL GAS					<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 Corp	Shell Pipe Line Corporation						P.O. Box 2648 Houston, Texas Address (Give address to which approved copy of this				ent)	
	ame of Authorized Transporter of Casinghead Gas						201 Main Street Fort Wor				<b>*</b>	
If well produces oil or liquids,	Unit	S∞.	Twp		Rge.		y connected?	When	?			
give location of tanks.	P	12	25	is L	36E	Yes		No	ov. 1, 1	991		
If this production is commingled with the	t from any ot	ther lease or	pool,	give con	nmingl	ing order num	ber.					
IV. COMPLETION DATA		Oil Well		Gas W	/ell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	n - (X)	l l		U45 W	Cil	1					_i	
Date Spudded		Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
		<del></del>				Top Oil/Gas	Pav		Tubing Des			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation									Tubing Dep	Tubing Depth		
Perforations						L			Depth Casing Shoe			
	TUBING, CASING AND					CEMENT				SACKS CEMENT		
HOLE SIZE	C/	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
,							,					
V. TEST DATA AND REQUI	EST FOR	ALLOW	ABL	E			n awasad tan al	loumble for th	is depth of he	for full 24 ho	urs.)	
OIL WELL (Test must be after	Date of T	total volume	of la	ad ou an	ia musi	Producing N	lethod (Flow, p	oump, gas lift,	eic.)	<i>y y</i>		
Date First New Oil Run To Tank	Date of 1	1 C 27										
Length of Test	Tubing P	Tubing Pressure				Casing Press	sure		Choke Size	Choke Size		
		Oil - Bbls.				Water - Bbi			Gas- MCF	Gas- MCF		
Actual Prod. During Test	Oil - Bbl					MHGL - DOIY						
				<u> </u>							<u>, , , , , , , , , , , , , , , , , , , </u>	
GAS WELL		Teet.				Bbis, Conde	nsate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test					-						
Testing Method (pitot, back pr.)	Tubing I	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size		
,						ــــــــــــــــــــــــــــــــــــــ						
VI. OPERATOR CERTIFI	CATEC	F COM	PLI	ANCE	Ξ	11	OIL CO	NSERV	/ATION	DIVISI	ON	
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.						Date Approved						
	,					Dal						
Branda Collman						By ORIGINAL SIGNED BY JERRY SEXTON						
Signature Brenda Coffman Agent						DISTRICT I SUPERVISOR						
Printed Name Title						Title	e					
2-13-92		(91	ب(ج	684-7	441							
Date		Te	iepho	noe No.		11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.