

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY

DEC 27 1984

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DELIVERED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator
Maralo, Inc.Address
P. O. Box 832, Midland, Texas 79702 0832

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input checked="" type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Pecos "16" State	2	Pecos Slope (Abo)	State, Federal or Fee State	
Location				
Unit Letter	K	1980 Feet From The	South Line and	1980 Feet From The
Line of Section	16	Township	6-S	Range
			26-E	NMPM, Chaves County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Spur Pipeline company	611 Gravier St. #510, New Orleans, LA 70130	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	K	16
		Twp.
		6S
		Rge.
		26E
Is gas actually connected?	yes	When
		11-23-84

If this production is commingled with that from any other lease or pool, give commingling order number:

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well -	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
2-13-84	3-30-84	4200'	4157'					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3619.7 GR	Abo	3676	3700'					
Perforations			Depth Casing Shoe					
3898' 4006'			4200' 2 3/8"					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	432'	400 sx
12 1/4"	9 5/8"	920'	600 sx
7 7/8"	4 1/2"	4200'	1400 sx
	2 3/8"	3700'	

IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
7642	24	-	-
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pr.	815	900	20/64"

V. CERTIFICATE OF COMPLIANCE

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.



(Signature)

Agent

(Title)

12-21-84

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 31 1984, 19

BY Original Signed By

Leslie A. Clements

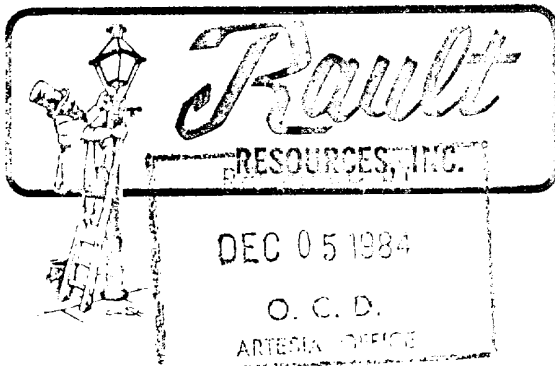
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition. Separate Form C-104 must be filed for each pool in multiple completed wells.



SPUR PIPELINE COMPANY
PECOS RIVER GAS PLANT, LTD.

PHONE: 505/624-1800 • 103 N. PENNSYLVANIA • ROSWELL, NEW MEXICO 88201

State of New Mexico
Oil Conservation Division
P.O. Drawer DD
Artesia, New Mexico 88210

December 3, 1984

Re: Spur Pipeline Company
Notices of Connection

Dear Sirs:

Please take note of the following information regarding well connections to our Wishbone Line - Spur Pipeline Company. Well names and legal descriptions are as follows:

1. Pecos "16" State #1
Unit Letter E, Section 16, T6S, R26E
1980' FNL & 660' FWL
Chaves County, New Mexico
Connection Date - November 23, 1984
- ✓ 2. Pecos "16" State #2
Unit Letter K, Section 16, T6S, R26E
1980' FS & FWLs
Chaves County, New Mexico
Connection Date - November 23, 1984

If you need any further information, or if we may be of any assistance, please do not hesitate to call on us.

Sincerely yours,

RAULT RESOURCES, INC. for
SPUR PIPELINE COMPANY

W. R. Dick Davidson
Regional Manager

WRDD/ema
cc: Mr. Joseph M. Rault Jr.
Mr. Dick Lowery
file