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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

RECEIVED

OCT 9 1975

Operator MARALO, INC.		O.C.C. ARTESIA, OFFICE	
Address P. O. BOX 832, MIDLAND, TEXAS 79701			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER 12-1-75 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED by 2-154 of 4-1-76	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of ownership give name and address of previous owner			

I. DESCRIPTION OF WELL AND LEASE

Lease Name Butler Springs Unit	Well No. 1	Pool Name, Including Formation Wildcat, Upper Penn.	Kind of Lease State, Federal or Fee	State #L-446
Location Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>2</u> , Township <u>15-S</u> Range <u>28-E</u> , NMPM, <u>Chaves</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 2	Twp. 15-S	Rge. 28-E	Is gas actually connected? No	When

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-25-75	Date Compl. Ready to Prod. 9-21-75		Total Depth 9435		P.B.T.D. 7955			
Pool Wildcat	Name of Producing Formation Upper Penn.		Top Oil/Gas Pay 7841 7914		Tubing Depth 7891			
Perforations 7914, 15, 17, 18, 19, 20, 29, 30, 31, 41, 42, 43, 44 & 45					Depth Casing Shoe 9434			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		378'		425			
12-1/4"	8-5/8"		2090'		1000			
7-7/8"	5-1/2"		9434'		710			
4.78	2-3/8"		7891'		None			

V. 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 8-29-75	Date of Test 9-22-75	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 350	Casing Pressure 0	Choke Size 13/64
Actual Prod. During Test 90 Bbls.	Oil-Bbls. 77	Water-Bbls. 13	Gas-MCF 250

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Marina Naranjo  
(Signature)  
Production Clerk  
(Title)  
October 7, 1975  
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 10 1975, 19  
BY W. A. Gussert  
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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.