DISTRIBUTION		
SANTA FE	/	
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL		
TRANSPORTER GAS		
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWA[illegible]E
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and
Effective 1-1-65

RECEIVED
SEP [illegible] 1981
O. C. D.
ARTESIA, OFFICE

I.

Operator
Maralo, Inc. /

Address
P. O. Box 832, Midland, Texas 79702 0832

Reason(s) for filing *(Check proper box)*

New Well [ ]
Recompletion [XX]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Hanson Federal	2	~~North~~ Avalon	State, Federal or Fee Federal LC 072015-C

Location

Unit Letter O ; 660 Feet From The South Line and 1650 Feet From The East

Line of Section 28 , Township 20-S Range 27-E , NMPM, Eddy Co

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address *(Give address to which approved copy of this form is to be sent)*
The Permian Corporation	P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address *(Give address to which approved copy of this form is to be sent)*
El Paso Natural Gas Co.	P. O. Box 1492, El Paso, Texas 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	28	20S	27E	Yes	7-14-81

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff.
		X						X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-10-75	7-23-81	11,040	10,550
Pool	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
~~North~~ Avalon	Morrow	10,572	8481
Perforations			**Depth Casing Shoe**
10,572 - 10,921			11024

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 ½"	13 3/8"	368'	875 sx
11"	8 5/8"	2,315'	1650 sx
7 7/8"	5 ½"	11,024'	1500 sx
4 ½"	2 3/8"	8,298'	

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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**

Posted ID-2 Comp. PER/EPG 10-2-81

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
828	24	5	61.0
Testing Method *(pitot, back pr.)*	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Back Pressure	540 psi	-	3/4"

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.

Brenda Coffman
(Signature)
Production Clerk
(Title)
9-24-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 30 1981, 19__

BY W. A. Gressett

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 dee well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.

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

Fill out Sections I, II, III, and VI only for changes of well name or number, or transporter, or other such change of con