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| 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

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MAY 13 1976

| | | | |
|--|---|-----------------------------|--|
| 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: | | |
| 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

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|--|---------------|--|---|
| Lease Name Hanson Federal | Well No. 3 | Pool Name, Including Formation North Avalon (Morrow) | Kind of Lease Federal State, Federal or Fee LC072015-C |
| Location Unit Letter <u>G</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> | | | |
| Line of Section <u>33</u> , Township <u>20-S</u> Range <u>27-E</u> , NMPM, <u>Eddy</u> County | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | |
|--|--|--------------------|-----------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | 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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | 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 <u>G</u> | Sec. <u>33</u> | Twp. <u>20S</u> |
| | | Rge. <u>27E</u> | Is gas actually connected? Yes |
| | | | When <u>5-18-76</u> |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | <u>X</u> | <u>X</u> | | | | | |
| Date Spudded <u>7-31-75</u> | Date Compl. Ready to Prod. <u>10-9-75</u> | | Total Depth <u>11,030'</u> | | P.B.T.D. <u>10950</u> | | | |
| Pool North Avalon <u>Morrow</u> | Name of Producing Formation Morrow | | Top Oil/Gas Pay <u>10,590</u> | | Tubing Depth <u>10,530</u> | | | |
| Perforations | | | | | Depth Casing Shoe <u>11030</u> | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| <u>17-1/2"</u> | <u>13-3/8"</u> | | <u>373'</u> | | <u>725 Sx</u> | | | |
| <u>11"</u> | <u>8-5/8"</u> | | <u>2,302'</u> | | <u>1100 Sx</u> | | | |
| <u>7-7/8"</u> | <u>5-1/2"</u> | | <u>11,030'</u> | | <u>2575 Sx</u> | | | |
| <u>2-3/8"</u> | <u>4-5/8"</u> | | <u>10,530'</u> | | | | | |

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)

| | | | |
|---------------------------------|-----------------|---|------------|
| 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 <u>1600</u> | Length of Test <u>4 Hrs</u> | Bbls. Condensate/MMCF <u>1/2</u> | Gravity of Condensate <u>48</u> |
| Testing Method (pitot, back pr.) | Tubing Pressure <u>200#</u> | Casing Pressure <u>600#</u> | Choke Size <u>32/64</u> |

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.

Norma L. Lamm
(Signature)
Production Clerk
(Title)
May 12, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED: MAY 20 1976, 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 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.