

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Superseded by 10-22-81 and 1-1-82  
Effective 1-1-82

RECEIVED

JUL 27 1978

FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL GAS		
OPERATOR			
PRORATION OFFICE			
Operator <b>Maralo, Inc.</b>		O.C.C. <b>ARTESIA, OFFICE</b>	
Address <b>P. O. Box 832, Midland, Texas 79702</b>			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input checked="" 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

This well has been placed in the pool designated  
below. Please notify the Commission within 10  
days if you are NOT in agreement with this  
action.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Hanson-Federal</b>	Well No. <b>3</b>	Pool Name, including Formation <b>Undesignated (Lower Perm)</b>	Kind of Lease <b>Federal</b> State, Federal or Fee <b>LC072015-C</b>
Location Unit Letter <b>G</b> ; <b>1980</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>East</b> Line of Section <b>33</b> , Township <b>20-S</b> Range <b>27-E</b> , NMPM, <b>Eddy</b> 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"/> <b>The Permian Corporation Permian (Eff. 9 / 1 / 87)</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1183, Houston, Texas 77001</b>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1492, El Paso, Texas 79978</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>G</b>	Sec. <b>33</b>	Twp. <b>20S</b>
	Rge. <b>27E</b>	Is gas actually connected? <b>Yes</b>	When <b>6-26-78</b> <b>5-18-76</b>

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. Res'v.
		<b>X</b>				<b>X</b>		<b>X</b>
Date Spudded <b>7-31-75</b>	Date Compl. Ready to Prod. <b>6-23-78</b>		Total Depth <b>11,030'</b>		P.B.T.D. <b>9700'</b>			
Pool <b>Undesignated Lower Perm</b>	Name of Producing Formation <b>Lower Perm</b>		Top Oil/Gas Pay <b>9564'</b>		Tubing Depth <b>9475'</b>			
Perforations <b>9564' to 9595' (1 JSPF)</b>					Depth Casing Shoe <b>11030</b>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17 1/2"</b>	<b>13 3/8"</b>	<b>373'</b>	<b>725 sxs</b>
<b>11 "</b>	<b>8 5/8"</b>	<b>2302'</b>	<b>1100 sxs</b>
<b>7 7/8"</b>	<b>5 1/2"</b>	<b>11030'</b>	<b>2575 sxs</b>
<b>4 3/4"</b>	<b>2 3/8"</b>	<b>9475'</b>	

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 the 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 <b>398</b>	Length of Test <b>24 hrs</b>	Bbls. Condensate/MMCF <b>24</b>	Temperature <b>60° F</b>
Testing Method (pitot, back pr.)	Tubing Pressure <b>650 psi</b>	Casing Pressure <b>pkc</b>	Choke Size <b>14/64</b>

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.

Production Clerk

July 17, 1978

(Date)

OIL CONSERVATION COMMISSION

JUL 28 1978

APPROVED \_\_\_\_\_, 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 allow-  
able 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.