

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE RECEIVED
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
MAY 22 1980

Form O-164
Supersedes OMC-101 and
Effective 1-1-65

O. C. D.
ARTESIA, OFFICE

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

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <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 N.W. Indian Basin Comm.	Well No. 1	Pool Name, including Formation Wildcat Morrow	Kind of Lease State, Federal or Free State
Location			
Unit Letter K	2310	Feet From The South	Line and 2450
Line of Section 2	Township 21-S	Range 22-E	NMPM, Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Basin, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2297, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79999					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 2	Twp. 21	Rge. 22	Is gas actually connected? yes	When 5-23-80

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. R.
		X	X					
Date Spudded 9-16-79	Date Compl. Ready to Prod. 11-20-79	Total Depth 9302'	P.B.T.D. 9260'					
Pool Wildcat Morrow	Name of Producing Formation Morrow	Top Oil/Gas Pay 8855-8578'	Tubing Depth 8835'					
Perforations 8855-57' 8865-70' 8879' 8892-96'	Total of 48 holes.	Depth Casing Shoe 9302'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17½"	13 3/8"	405'	500 sx					
12½"	8 5/8"	1400'	1000 sx					
7 7/8"	5 1/2"	9302'	2200 sx					

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
able 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 273/MCF	Length of Test 1 hour	Ebls. Condensate/MMCF -0-	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure 1339#	Casing Pressure Pkr.	Choke Size 10/64"

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.


(Signature)

Production Clerk

(Title)

May 21, 1980

OIL CONSERVATION COMMISSION

MAY 27 1980

APPROVED

BY

TITLE

MAY 27 1980

SUPERVISOR, DISTRICT

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

If this is a request for allowable for a newly drilled or de
well, this form must be accompanied by a tabulation of the de
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
If a change of name or transporter or other such change of con