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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effective 1-1-65

RECEIVED
MAR - 4 1982
O. C. D.
ARTESIA, OFFICE

CORRECTED REPORT

I.

Operator:
Maralo, Inc.

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

Reason(s) for filing (Check proper box)

- New Well [ ]
- Recompletion [X]
- 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
N. W. Indian Basin Comm	1	Wildcat Abo	State, Federal or Fee State

Location
Unit Letter K : 2310 Feet From The South Line and 2450 Feet From The West

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 [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be se
The Permian Corporation (Eff. 9 / 1 /87)	P. O. Box 3119, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be se

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	2	21	22	-	

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.	Di
	X					X		X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-16-79	8-25-81	9302'	4400'
Pool	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
Wildcat Abo	Abo	4254'	4244'
Perforations			**Depth Casing Shoe**
½"JSPF @ 4254;4256;4258;4260;4266;4268;4276;4282;4284;4286; 7 4288'(11holes)			9302'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 ½"	13 3/8"	405'	500 sx
12 ¼"	8 5/8"	1400'	1000 sx
7 7/8"	5 ½"	9302	2200 sx

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 able 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.)	
9-4-81	9-20-81	2" x 1½" x 12' pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs.	-	-	-
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	31	75	TSTM

Posted ID-2 & Comp. Book-PB PER 4-2-82

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.

Brenda Coffman
(Signature)

Production Clerk
(Title)

3-3-82
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 9 1982, 19

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 110

If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.

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

Fill out Sections I, II, III, and VI only for changes