

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator MARALO, INC.	Well API No. 30-015-25767
Address P. O. BOX 832, MIDLAND, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name PICKETT DRAW FEDERAL	Well No. 1	Pool Name, including Formation UNDESIG. BONE SPRING	Kind of Lease State, Federal or Fee	Lease No. USA NM-15303
Location				
Unit Letter F C	660	Feet From The NORTH	Line and 1980	Feet From The WEST Line
Section 9	Township 25S	Range 29E	, NMPM, EDDY County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PRIDE PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 2436, ABILENE, TX 79604					
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, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	F	9	25S	29E		

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
	XXXX					XXXX		XXXX
Date Spud recompl began 12-30-93	Date Compl. Ready to Prod. 01-15-94		Total Depth 12,375		P.B.T.D. 9788'			
Elevations (DF, RKB, RT, GR, etc.) 2944.8 GR	Name of Producing Formation BONE SPRING		Top Oil/Gas Pay 8573		Tubing Depth 13085'			
Perforations 8573 - 8641'					Depth Casing Shoe			

(ORIGINAL) TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26	20	625	1335 SX (625 LT & 710 PREM)
17-1/2	13-3/8	2900	2300 SX (1800 LT & 500 PREM)
12-1/4	9-5/8	10100	1125 SX 50/50 POZ, 2% GEL)
	2-7/8	13085'	

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 allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 01-15-94	Date of Test 01-21-94	Producing Method (Flow, pump, gas lift, etc.) FLOWING
Length of Test 24 HRS	Tubing Pressure 250-300 PSI	Casing Pressure -
Actual Prod. During Test	Oil - Bbls. 145	Water - Bbls. 143
		Gas - MCF 400

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Dorothea Owens
Signature
DOROTHEA OWENS
Printed Name
JANUARY 26, 1994
Date

REGULATORY
Title
(915) 684-7441
Telephone No.

OIL CONSERVATION DIVISION

JAN 31 1994

Date Approved

By

Title **SUPERVISOR, DISTRICT II**