

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JAN 27 1994

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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 WILDCAT UNDESIG BONE SPRING	Kind of Lease State, Federal or Fee	Lease No. USA NM-15303
Location Unit Letter C : 660 Feet From The NORTH Line and 1980 Feet From The WEST Line Section 9 Township 25S Range 29E , NMPM , EDDY County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
PRIDE PIPELINE COMPANY		P. O. BOX 2436, ABILENE, TX 79604		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
EL PASO NATURAL GAS COMPANY		P. O. BOX 1492, EL PASO, TX 79978		
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 9	Twp. 25S	Rge. 29E
Is gas actually connected?		When ?		

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 XXXX	Gas Well	New Well	Workover	Deepen	Plug Back XXXX	Same Res'v	Diff Res'v XXXX	
Date Started 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'						

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 -	Choke Size 17/64
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** REGULATORY

Printed Name **JANUARY 26, 1994** Title **(915) 684-7441**

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 31 1994**

By **SUPERVISOR, DISTRICT II**

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.