NO. OF COPIES RECEIVED				
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DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	ON T	Form C-104
SANTA FE	REQUEST FOR ALLOWABLE			Supersedes Old C-104 and C-11
FILE / /		AND		Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NAT	URAL GAS	
LAND OFFICE				
TRANSPORTER OIL / GAS		RECEIV	ED	
OPERATOR /		SEP 14 1	977	
Operator V		<u>SCI = = :</u>		
Maralo, Inc.		0. G. C	3.a	
P. O. Box 832, M	idland, Texas 79702	ARTESIA, OF	FIUS	
Reason(s) for filing (Check proper box)	· · · · · · · · · · · · · · · · · · ·	Other (Please exp	olain)	
New Well	Change in Transporter of:			ffective September
Recompletion	Oil X Dry Ga	14 1077		1
Change in Ownership	Casinghead Gas Conden			
If change of ownership give name	407 1			
and address of previous owner		***		
DESCRIPTION OF WELL AND	LEASE Well No. Pool Na	me, Including Formation	I K	ind of Lease
Lease Name R&B Federal		al Canyon Delaware	s s	tate, Federal or Fee Federal
	1 1 1 00211			1000101
(663	.93 Feet From The North Lin	(8) a grad 667.75	Feet From The	East
Unit Letter A 003	- 73 Feet From TheEm	o una		
Line of Section 18 , Tov	waship 25-S Range 30	E , NMPM,		Eddy County
		C.		
Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to u	hich approved	copy of this form is to be sent)
Name of Authorized Transporter of Off	or condensate			
Basin, Inc.		1 D (1 RAV //4/		
1 1 m = -10 Cm	singhand Cas Co. Dry Cas Co.	Address (Give address to u	Midland	copy of this form is to be sent)
Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to u	Midland hich approved	, Texas 79702 copy of this form is to be sent)
Name of Authorized Transporter of Car None		Address (Give address to u	hich approved	copy of this form is to be sent)
Name of Authorized Transporter of Case None If well produces oil or liquids,	Unit Sec. Twp. Rge.	Address (Give address to u Is gas actually connected?	hich approved	copy of this form is to be sent)
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Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Choke Size Casing Pressure Testing Method (pitot, back pr.) Tubing Pressure

APPROVED

TITLE __

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 (Title)

September 13, 1977

(Date)

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.

OIL CONSERVATION COMMISSION

SEP 1 5 1977

SUPERVISOR, DISTRICT II

All sections of this form must be filled out completely for allowable 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.