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U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

[Handwritten signature]

107280

Operator Maralo, Inc.	
Address P. O. Box 832, Midland, Texas 79702 0832	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE			
Lease Name Chavelea-Carson	Well No. 1	Pool Name, including formation Carson Wildcat (Morrow)	Kind of Lease State, Federal or Fee State
Location Unit Letter F ; 1980 Feet From The West Line and 1980 Feet From The North		Lease No. LG 733	
Line of Section 10 Township 9-S Range 31-E, NMPM, Chaves County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				Enron Oil Trading & Transportation Co. P. O. Box 1188 Houston, TX. 77251-1188 Effective 7-1-88	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Tesoro Crude Oil Company		8700 Tesoro Drive, San Antonio, Texas 78286			
Name of Authorized Transporter of Casinghead Gas <input 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, Texas 79978			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 10	Twp. 9-S	Rge. 31-E	Is gas actually connected? When Yes July, 1982

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA							
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Some Rest'v. Diff. Rest'v.						
	X						
Date Spudded 1-22-77	Date Compl. Ready to Prod. 4-13-77	Total Depth 10,608'		P.B.T.D. 10,546'			
Elevations (DF, RAB, RT, GR, etc.) 4297.6 GL	Name of Producing Formation Morrow	Top Oil/Gas Pay 10,034		Tubing Depth 9,854'			
Perforations 10,034-10,048; 10,111-10,113' 10,270-10,292				Depth Casing Shoe 10,608			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	462'	500 sx.
12 1/4"	8 5/8"	3,240'	1300 sx
7 7/8"	5 1/2"	10,608'	3990 sx
4 1/2"	2 3/8"	9,854'	

TEST DATA AND REQUEST FOR ALLOWABLE (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 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 3206	Length of Test 24 hrs.	Bbls. Condensate/MMCF 3.15	Gravity of Condensate 60.8
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) SITP 3343, FTP 1824	Casing Pressure (shut-in) Pkr.	Choke Size 28/64"

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 is true and complete to the best of my knowledge and belief.	
<i>[Signature]</i> Production Clerk (Title) 7-8-82 (Date)	

OIL CONSERVATION DIVISION	
APPROVED JUL 19 1982, 19	
BY <i>[Signature]</i> Les Clements Oil & Gas Insp.	
TITLE	
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 deviate tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for allowable on new and recompleted wells.	
Fill out only Sections I, II, III, and VI 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 multiple completed wells.	