

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |     |
|------------------------|-----|
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| DISTRIBUTION           |     |
| SANTA FE               |     |
| FILE                   |     |
| U.S.G.A.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

1. 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 checked="" type="checkbox"/> | Change in Transporter of: |                                     |
| Recompletion        | <input type="checkbox"/>            | Oil                       | <input type="checkbox"/>            |
| Change in Ownership | <input type="checkbox"/>            | Casinghead Gas            | <input checked="" type="checkbox"/> |
|                     |                                     | Dry Gas                   | <input type="checkbox"/>            |
|                     |                                     | Condensate                | <input type="checkbox"/>            |

Gas connected 5-19-84

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               | Lease No. |
| State "10" | 1        | Saunders Permo-Upper Penn      | State, Federal or Fee State |           |

Location

Unit Letter 0 : 660 Feet From The South Line and 2310 Feet From The East

Line of Section 10 Township 15-S Range 33-E, NMPM, Lea 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"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Western Oil Transportation Company   | P. O. Box 1183, Houston, Texas 77001                                     |
| 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) |
| Warren Petroleum Corporation   | P. O. Box 1589, Tulsa, Oklahoma 74102                                    |

|  |      |      |      |      |                            |         |
|--|------|------|------|------|----------------------------|---------|
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When    |
|  | 0    | 10   | 15S  | 33E  | yes                        | 5-19-84 |

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. |
|                                     | X        |          | X        |          |        |           |             |              |

|              |                            |             |          |
|--------------|----------------------------|-------------|----------|
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| 2-16-84      | 4-14-84                    | 10,205      | 10,148'  |

|                                    |                             |                 |              |
|------------------------------------|-----------------------------|-----------------|--------------|
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| 4179.5 GR                          | Permo-Upper Penn            | 9869'           | 9,850'       |

|   |                   |
|---|-------------------|
| Perforations  | Depth Casing Shoe |
| 9869-9872; 9944-9949; 9956-9968; 9972-9978 (31 holes) | 10,205'           |

TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 17 1/2"   | 13 3/8"              | 432       | 400 SX       |
| 12 1/4"   | 8 5/8"               | 4,030     | 1,550 SX     |
| 7 7/8"    | 5 1/2"               | 10,205    | 1,175 SX     |

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 Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) |
| 4-15-84                         | 4-17-84      | pump  |

|                |                 |                 |            |
|----------------|-----------------|-----------------|------------|
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 hrs.        | -               | -               | -          |

|                          |           |             |         |
|--------------------------|-----------|-------------|---------|
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
|                          | 143       | 272         | 200     |

GAS WELL

|                         |                |                       |                       |
|-------------------------|----------------|-----------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|                         |                |                       |                       |

|                                   |                           |                           |            |
|-----------------------------------|---------------------------|---------------------------|------------|
| Testing Method (pistol, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |
|                                   |                           |                           |            |

VI. 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.

Brenda Coffman  
(Signature)  
Agent  
(Title)  
7-18-84  
(Date)

OIL CONSERVATION DIVISION  
JUL 24 1984  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Eddie W. Seay  
Oil & Gas Inspector  
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 deviation 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 conditions.  
Separate Form C-104 must be filed for each pool in multiply recompleted wells.