

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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. 30-025-31635
Address P. O. Box 832, Midland, TX 79702 0832		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> To add transporter of casinghead gas. Casinghead Gas <input checked="" 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 West Corbin "13" Federal	Well No. 1	Pool Name, Including Formation South Corbin Wolfcamp	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. NM 53239
Location Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line Section 13 Township 18S Range 32E, 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"/> Scurlock-Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648, Houston, TX 77210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) 10 Desta Dr., Suite 550E, Midland, TX 79705					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 13	Twp. 18S	Rge. 32E	Is gas actually connected? yes	When? 1-12-93

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 X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8-14-92	Date Compl. Ready to Prod. 10-20-92		Total Depth 11,400'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3833'	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 11,165'		Tubing Depth 10,926'			
Perforations 11,165' - 11,177'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		460'		500 sx C1 C			
12 1/4	8 5/8		4499'		2180 sx C1 C			
7 7/8	5 1/2		11400'		720 sx 50/50 poz			

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 11-1-92	Date of Test 11-3-92	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 230 psi	Casing Pressure	Choke Size 24/64"
Actual Prod. During Test	Oil - Bbls. 102	Water - Bbls. 10	Gas - MCF 210

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 Agent
Printed Name
January 13, 1993 (915) 684 7441
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 15 1993

By [Signature] SECTION

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.