

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. 30-025-31137
Address P. O. Box 832, Midland, Texas 79702 0832		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) New Well <input checked="" type="checkbox"/> Change in Transporter of: We have 700 bbls. on hand to be moved. Recompletion <input 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 _____ Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Prohibition Federal Unit	Well No. 1	Pool Name, Including Formation Wildcat-Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM-85937
Location Unit Letter E : 660 Feet From The West Line and 1980 Feet From The North Line Section 12 Township 22-S Range 32-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> Enron Oil Trading and Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, Texas 77251-1188
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)
If well produces oil or liquids, give location of tanks.	Unit E Sec. 12 Twp. 22S Rge. 32E Is gas actually connected? No When ?

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1-29-91	Date Compl. Ready to Prod. 12-17-91		Total Depth 15112		P.B.T.D. 9735			
Elevations (DF, RKB, RT, GR, etc.) 3645.4 Gr	Name of Producing Formation Delaware		Top Oil/Gas Pay 8581		Tubing Depth 8620			
Performances 8581 - 8599 (19 holes total)					Depth Casing Shoe 12008'			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	1120	700 sx
8 1/2	9 5/8	4726	750 sx
8 1/2	7"	12008	1650 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 Tank 12-14-91	Date of Test 1-6-92	Producing Method (Flow, pump, gas lift, etc.) 2 1/2 x 1 1/2 x 20' pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 101	Oil - Bbls. 700 101	Water - Bbls. 92	Gas - MCF 200

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

Brenda Coffman
Signature
Brenda Coffman Agent
Printed Name
January 7, 1991 Title
915 684-7441
Date Telephone No.

OIL CONSERVATION DIVISION

JAN 09 '92

Date Approved _____

By **ORIGINAL SIGNED BY ASST. COMMISSIONER**
DISTRICT I SUPERVISOR

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.