

**OIL CONSERVATION DIVISION**

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

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**

I. Operator Maralo, Inc. Well API No. 30-025-31716

Address P. O. Box 832, Midland, TX 79702

Reason(s) for Filing (Check proper box)  Other (Please explain) Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM).

New Well  Change in Transporter of:  
Recompletion  Oil  Dry Gas   
Change in Operator  Casinghead Gas  Condensate

If change of operator give name and address of previous operator THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR PLEASE CONTACT THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE Bootley Ridge Delaware Northeast

Lease Name <u>Prohibition Federal Unit</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Wildcat (Brushy Canyon)</u>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <u>NM-85936</u>
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Location  
Unit Letter K : 1980 Feet From The South Line and 2080 Feet From The West Line  
Section 11 Township 22-S Range 32-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate   
EOTT Energy Corporation Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 4666, Houston, TX 77210-4666

Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
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 <u>K</u>	Sec. <u>11</u>	Twp. <u>22S</u>	Rge. <u>32E</u>	Is gas actually connected? <u>No</u>	When? <u>Unk.</u>
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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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded <u>09-10-92</u>	Date Compl. Ready to Prod. <u>03-01-93</u>		Total Depth <u>10,100'</u>		P.B.T.D. <u>9065'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3746.4' GR</u>	Name of Producing Formation <u>(Brushy Canyon) Del</u>		Top Oil/Gas Pay <u>7230'</u>		Tubing Depth <u>7229'</u>			
Perforations <u>7230'-7235' (12 holes)</u>					Depth Casing Shoe <u>9225'</u>			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2</u>	<u>13 3/8</u>	<u>1110'</u>	<u>950 sx</u>
<u>12 1/4</u>	<u>8 5/8</u>	<u>4700'</u>	<u>1700 sx</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>9225'</u>	<u>1065 sx</u>

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 <u>03-01-93</u>	Date of Test <u>03-03-93</u>	Producing Method (Flow, pump, gas lift, etc.) <u>2 1/2" X 1 3/4" X 16' pump</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>49</u>	Oil - Bbls. <u>100-49</u>	Water - Bbls. <u>0</u>	Gas - MCF <u>35</u>

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, Regulatory Analyst  
Printed Name  
March 5, 1993 (915) 684-7441  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved 11-19-1993  
By ORIGINAL SIGNED BY JERRY SEXTON  
ACTING 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.

Submit to Appropriate District Office  
 State Lease - 4 copies  
 Fee Lease - 3 copies

State of New Mexico  
 Energy Minerals and Natural Resources Department

Form C-102  
 Revised 1-1-89

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

**DISTRICT I**  
 P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II**  
 P.O. Drawer 88, Artesia, NM 88210

**DISTRICT III**  
 1000 Rio Brazos Rd., Artec, NM 87410

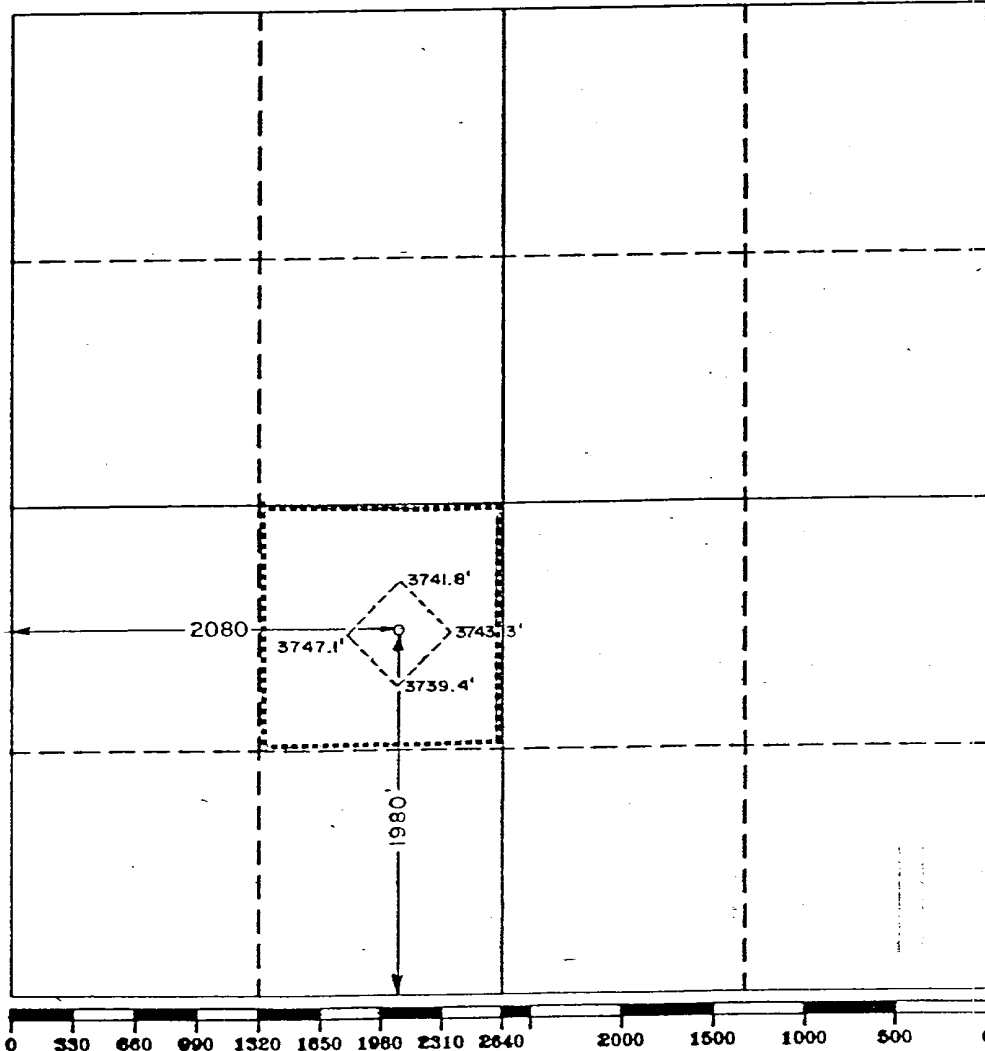
**WELL LOCATION AND ACREAGE DEDICATION PLAT**

All Distances must be from the outer boundaries of the section

Operator Maralo, Inc.			Lease Prohibition Federal Unit		Well No. 2
Unit Letter K	Section 11	Township 22 South	Range 32 East	County Lea	
Actual Footage Location of Well:					
1980 feet from the South		2080 feet from the West		Line	
Ground Level Elev. 3746.4'	Producing Formation Delaware	Pool NW Bootleg Ridge		Dedicated Acreage: 40 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
  - If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
  - If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
 

Yes     No    If answer is "yes" type of consolidation \_\_\_\_\_ Unit \_\_\_\_\_
- If answer is "no" list of owners and tract descriptions which have actually been consolidated. (Use reverse side of this form necessary.) \_\_\_\_\_
- No allowable will be assigned to the well unit all interests have been consolidated (by communitization, unitization, forced-pooling, otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



**OPERATOR CERTIFICATION**

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

*Joe T. Janica*  
 Signature  
 Joe T. Janica  
 Printed Name  
 Agent for Maralo, Inc.  
 Position  
 Maralo, Inc.  
 Company  
 5/20/92  
 Date

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**SURVEYOR CERTIFICATION**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
 May 19, 1992

Signature & Seal of Professional Surveyor

*Ronald E. Jones*  
 Certificate No. 676  
 RONALD E. JONES  
 NEW MEXICO  
 676  
 3238  
 7877