

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address MARALO INC. P. O. BOX 832 MIDLAND, TX 79702		OGRID Number 014007
Reason for Filing Code RC		
API Number 30 - 025-32142	Pool Name Red Tank Bone Spring	Pool Code 06925 51683
Property Code 006352	Property Name PROHIBITION FEDERAL UNIT	Well Number 3

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
H	12	22S	32E		1980	NORTH	990	EAST	LEA

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Lee Code F	Producing Method Code F	Gas Connection Date 09/01/98	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
---------------	----------------------------	---------------------------------	---------------------	----------------------	-----------------------

Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
007440	EOTT ENERGY OPERATING LP P. O. BOX 4666 HOUSTON, TX 77210-4666	2806961	0	H-12-22S-32E PROHIBITION FED UT #3
009171	GPM GAS CORPORATION 4044 PENBROOK ODESSA, TX 79762	2814353	6	G-14-22S-32E PROHIBITION FED UT #4

Produced Water

POD 2806960	POD ULSTR Location and Description H-12-22S-34E PROHIBITION FED UT #3
----------------	--

Well Completion Data

Spud Date	Ready Date 8/13/98	TD	PBTD 11540	Perforations 8820-8835
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

Well Test Data

Date New Oil 08/13/98	Gas Delivery Date 09/01/98	Test Date 09/02/98	Test Length 24 HRS.	Tbg. Pressure 90	Csg. Pressure -
Choke Size 18/64"	Oil 28	Water -0-	Gas 73	AOF -	Test Method F

I hereby certify that the rules 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.
Signature: *Dorothea Logan*
Printed name: **DOROTHEA LOGAN**
Title: **REGULATORY ANALYST**
Date: **SEPTEMBER 9, 1998** Phone: **(915) 684-7441**

OIL CONSERVATION DIVISION

Approved by: *Dorothea Logan*
Title:
Approval Date: *SEP 09 1998*

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date

4

22.	IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT	
23.	Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.	
24.	A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.	
25.	All sections of this form must be filled out for allowable requests on new and recompleted wells.	
26.	Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.	
27.	A separate C-104 must be filled for each pool in a multiple completion.	
28.	Improperly filled out or incomplete forms may be returned to operator unapproved.	
29.	Operator's name and address	
30.	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.	
31.	Reason for filling code from the following table:	
32.	NW New Well RC Recompletion CH Change of Operator AO Add oil/condensate transporter CO Change oil/condensate transporter AG Add gas transporter CG Change gas transporter RT Request for test allowable (include volume requested)	
33.	If for any other reason write that reason in this box.	
34.	The API number of this well	
35.	The name of the pool for this completion	
36.	The pool code for this pool	
37.	The property code for this completion	
38.	The property name (well name) for this completion	
39.	The well number for this completion	
40.	The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the "UL or lot no." box. Otherwise use the OCD unit letter.	
41.	The bottom hole location of this completion	
42.	Lease code from the following table:	
43.	F Federal S State P Fee J Jicarilla N Navajo U Ute Mountain Ute I Other Indian Tribe	
44.	The producing method code from the following table:	
45.	P Pumping or other artificial lift F Flowing The previous operator's name, the signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report	
46.	The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person	
47.	The POD number of the storage from which water he moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. (Example: "Battery A", "Jones CPD", etc.)	
22.	The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)	
23.	MO/DA/YR drilling commenced	
24.	MO/DA/YR this completion was ready to produce	
25.	Total vertical depth of the well	
26.	Plugback vertical depth	
27.	Top and bottom perforation in this completion or casing shoe and TD if openhole	
28.	Inside diameter of the well bore	
29.	Outside diameter of the casing and tubing	
30.	Depth of casing and tubing. If a casing liner show top and bottom.	
31.	Number of sacks of cement used per casing string	
32.	The following test data is for an oil well it must be from a test conducted only after the total volume of fluid oil is recovered.	
33.	MO/DA/YR that new oil was first produced	
34.	MO/DA/YR that gas was first produced into a pipeline	
35.	MO/DA/YR that the following test was completed	
36.	Length in hours of the test	
37.	Flowing tubing pressure - oil wells	
38.	Shut-in tubing pressure - gas wells	
39.	Flowing casing pressure - oil wells	
40.	Shut-in casing pressure - gas wells	
41.	Diameter of the choke used in the test	
42.	Barrels of oil produced during the test	
43.	Barrels of water produced during the test	
44.	MCF of gas produced during the test	
45.	Gas well calculated absolute open flow in MCF/D	
46.	The method used to test the well:	
47.	F Flowing P Pumping S Swabbing If other method please write it in.	
13.	The producing method code from the following table:	
14.	MO/DA/YR that this completion was first connected to a gas transporter	
15.	The permit number from the District approved C-129 for this completion	
16.	MO/DA/YR of the C-129 approval for this completion	
17.	MO/DA/YR of the expiration of C-129 approval for this completion	
18.	The gas or oil transporter's OGRID number	
19.	Name and address of the transporter of the product	
20.	The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.	
21.	Product code from the following table:	
	G Gas O Oil	