

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

Operator
Maralo, Inc.
Address
P. O. Box 832, Midland, Texas 79702

Reason(s) for filing (Check proper box)		Other (If case explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	<i>2175/80</i> <i>2175/80</i> <i>2175/80</i>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner N/A

THIS WELL HAS BEEN PLACED IN THE POOL
DESCRIBED BELOW IF IT DOES NOT CONCUR
WITH THIS OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name Maralo "16" State	Well No. 1	Pool Name, Including Formation <i>Comanche State Line</i>	Kind of Lease State, Federal or Fee State
Location Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West Line of Section 16 , Township 26-S Range 36-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"/> Basin, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2297, Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> To Be Determined.	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 D	Sec. 16
	Twp. 26	Rge. 36
	Is gas actually connected? No	

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 11-21-79	Date Compl. Ready to Prod. 12-15-79		Total Depth 3800'		P.B.T.D. 3752'			
Pool Comanche State Line	Name of Producing Formation Tansill Yates		Top Oil/Gas Pay 3258'		Tubing Depth 3189'			
Perforations	PERFORATIONS LISTED BELOW.				Depth Casing Shoe No			

23 holes.

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	2 7/8"	3189'	
11"	8 5/8"	1369'	*
7 7/8"	5 1/2"	3800'	**

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 12-15-79	Date of Test 12-1879	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 200#	Casing Pressure Packer	Choke Size 24/64"
Actual Prod. During Test	Oil - Bbls. 377	Water - Bbls. 21	Gas - MCF 340

* 500 sx Class "C" 4% gel - 1/4#/sack flocele; 300 sx Class "C" 2% CaCl₂ 1/4#/sack flocele.
** 550 sx 50/50 PozMix w/2% Gel + 1/4# flocele + 3# salt.

Perforations: 1 shot per foot as follows - 3323', 3328', 3330', 3335', 3337', 3345', 3440', 3442', 3467', 3473', 3475', 3487', 3490', 3502', 3508', 3542', 3547', 3635', 3655', 3661', 3668', 3693', 3700'. Total of 23 holes.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Production Clerk

December 26, 1979

APPROVED _____, 19

BY _____

TITLE SUPERVISOR DISTRICT I

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of well name or number, or transporter, or other such change of condition.