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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-101
Supersedes Old C-101 and C-1
Effective 1-1-65

I.

Operator
Maralo, Inc.,

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

Reason(s) for filing (Check proper box)

New Well ☒

Recompletion ☐

Change In Ownership ☐

Change In Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
MAINTAINED BY THE OIL CONSERVATION
COMMISSION.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Maralo "16" State	Well No. 2	Pool Name, Including Formation Sioux Yates (Tansill)	Kind of Lease State, Federal or Fee State
Location Unit Letter E ; 1980 Feet From The North Line and 660 Feet From The West Line of Section 16 , Township 26-S Range 36-E , NMPM, Lea Count			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Southern Union Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 980, Hobbs, New Mexico 88240
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 Sec. Twp. Rge. D 16 26 36
Is gas actually connected?	When 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. <input type="checkbox"/>
Date Spudded 1-28-80	Date Compl. Ready to Prod. 2-21-80	Total Depth 3770'	P.B.T.D. 3714'					
Pool Sioux Yates	Name of Producing Formation Tansill Yates	Top Oil/Gas Pay 3232'	Tubing Depth 3544'					
Perforations See Attachment			Depth Casing Shoe 3770'					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	1403'	800 sx Class "C"
7 7/8"	5 1/2"	3770'	550 sx 50/50 Po
	2 3/8"	3544'	

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 of
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 2-21-80	Date of Test 2-23-80	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 300#	Casing Pressure -----	Choke Size 18/64"
Actual Prod. During Test 230 bbls.	Oil-Bbls. 175	Water-Bbls. 55	Gas-MCF 183

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

Jan Davis
(Signature)
Production Clerk
(Title)

February 28, 1980

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

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 devi
tests taken on the well in accordance with RULE 111.

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

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