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-110
Effective 1-1-65

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator
Maralo, Inc.

Address
P. O. Box 2232, Midland, Texas 79702

Reason(s) for filing (Check proper box)

				Other (Please explain)
New Well	[X]	Change in Transporter of:		
Recompletion	[ ]	Oil	[ ] Dry Gas [ ]	
Change in Ownership	[ ]	Casinghead Gas	[ ] Condensate [ ]	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Maralo "16" State	6Y	Sioux Yates - Pool	State, Federal or Fee State

Location
Unit Letter M : 660 Feet From The South Line and 760 Feet From The West

Line of Section 16, Township 26-S, Range 36-E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Navajo Crude Oil Purchasing

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 175 Artesia, New Mexico

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
El Paso Natural Gas Co.

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1492, El Paso, Texas 79999

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	16	26	36	Yes	Unavailable at this time.

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-3-80	10-2-80	3800'	
Pool	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
Sioux	Yates	3227'	3581'

Perforations 3227;3237;3284;3289;3297;3343;3361;3374;3380;3393;3395;3406;3409;3425;3436;3461;3463;3467;3472;3482;3484;3486;3489;3491;3494;3499;3502;3503;3544;3549;3646;3647;3651;3652;3653;58;3701 Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼"	8 5/8" 24# casing	1450'	500 sx + 300
7 7/8"	5 ½" 15.5# casing	3799	900 sx
	2 3/8" tubing	3581	

TEST DATA AND REQUEST FOR ALLOWABLE

(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 a full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, Pump, Gas lift, etc.)	
10-2-80	10-2-80	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hours			
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	11	17	38.7

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**

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.

Brenda Coffman
(Signature)

Production Clerk
(Title)

4-15-81

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY _____

TITLE SUPERVISOR DISTRICT II

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

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

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

Fill out Sections I, II, III, and VI only for changes of ownership, transporter, or other such changes.