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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 a
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 [X]
Dry Gas [ ]
Casinghead Gas [ ]
Condensate [ ]

Other *(Please explain)*

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Maralo "16" State	3Y	Sioux Yates (Tansill)	State, Federal or Fee Stat

Location
Unit Letter C : ~~660~~ 710 Feet From The North Line and 1980 Feet From The West

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

III. 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 se*: North Freeman Ave., Artesia, N.M.8821
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 se*: Box 1492 El Paso, Texas 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	16	26S	36E	Yes	9-19-80

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dif
	X							

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-16-80	9-12-80	3800	

Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Sioux Yates	Tansill Yates	3237	3176

Perforations	Depth Casing Shoe
3237-3607', 26 half inch holes (1JSPF)	3797

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	1448'	500 sx.
7 7/8"	7"	1887'	500 sx.
6 3/4"	4 1/2"	3796'	700 sx.

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed able for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
9-16-80	9-20-80	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs.	50	-	24/64"
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	79	38	102

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.

Brenda Coffman
(Signature)

Production Clerk
(Title)

3-30-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY _____
Jerry Sexton

TITLE _____

This form is to be filed in compliance with RULE 110

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

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

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