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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 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	☐	Change in Transporter of:			
Recompletion	☒	Oil	☐	Dry Gas	☐
Change in Ownership	☐	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
Sholes "B"	2	Jalmat Yates	State, Federal or Fee Feder

Location

Unit Letter P : 660 Feet From The South Line and 660 Feet From The East

Line of Section 25, Township 25 Range 36, NMPM, Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address *(Give address to which approved copy of this form is to be se*
Tex-New Mexico Pipeline Company	P. O. Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address *(Give address to which approved copy of this form is to be se*
El Paso Natural Gas Company	Box 1384, Jal, N. Mex. 88252 Attn:D.B.Gillit

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
		25	25	36	yes	U.A.

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 Reserv.	Dif
	X					X	X	

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth

Perforations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.)*	
11-7-81	11-9-81	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hours			
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	5	5	105

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)

11-11-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 9 1981, 19__

BY Orig. Signed by Jerry Sexton

TITLE Dist. I, Supv

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

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

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

Fill out Sections I, II, III, and VI only for changes o