DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE OIL	REQUEST	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL GA	Form C-103 Supersedes Old C-104 and C-110 Effective 1-1-65 AS			
GAS OPERATOR PRORATION OFFICE Operator MARALO, INC.						
Address						
P. O. Box 832 Reason(s) for filing (Check proper ) New Well Recompletion Change in Gwnerchip	box) Change in Transporter of: Cal Diry Generations Continuenti Gas Conde					
If change of ownership give name and address of previous owner	Ralph Lowe, P. O. Box 8	832, Midland, Texas 79701	L			
DESCRIPTION OF WELL AN	DILEASE					
Lease Name Humphreys			Kind of Lease State, Federal or Fee Fee			
Location	<u> </u>		inter and the			
	50 Feet From The North Lir	he and2970 Feet From Th	e <u>East</u>			
Line of Section 25 ,	Township 25-S Range 3	6-Е , ммрм, Lea	County			
DESIGNATION OF TRANSPO Name of Authorized Transporter of (	OIL AND NATURAL GA	<b>15</b> Address (Give address to which approve	d conv of this form is to be continued			
Texas-New Mexico Pipe	e Line Company	Box 1510, Midland, Texas	s 79701			
El Paso Natural Gas	Casinghead Gas 🔀 or Dry Gas 🗌 Company	Address (Give address to which approve Box 1384, Jal, N. Mex. 88				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When	DESE ALCH. D. B. GIIII			
	i i 25 258 36E with that from any other lease or pool,	Yes				
COMPLETION DATA	Oil Well Gas Well		Plug Back - 'Same Res <b>'v.</b> ' Diff. Res'v.			
Designate Type of Comple						
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
Pool	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth			
Perforations			Depth Casing Shoe			
	TUBING, CASING, ANI	CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
		LLEGIBLE				
FEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a)	ter recovery of total volume of load oil and				
DIL WELL Date First New Oil Run To Tanks	able for this de Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift,	etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
-						
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF			
GAS WELL	· · · · · · · · · · · · · · · · · · ·					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/\%%/CF	Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size			
ERTIFICATE OF COMPLIA	NCE	OIL CONSERVAT	ION COMMISSION			
	d regulations of the Oil Conservation with and that the information given	APPROVEDOrig. Signed by				
	he best of my knowledge and belief.	ВҮ	Joe D. Ramey			
		TITLE	Dist. I, Supv.			
Agent ( April 19, 1974	nature) Title) 4 Date)	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 allow- able on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.				
ť			e filed for each pool in multiply			

	Fill	out	Section	s I, II	, Ш,	and	VI o	nly	for ch	nanges	s of	owner,
well	nam	e or	number,	or tran	sporte	er, or	other	suc	ch cha	nge o	fcc	ndition.
	Sepa	rate	Forms	C-104	must	ье	filed	for	each	pool	in	multiply
com	pleted	d we	lls.									