

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
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-104
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)		Other (Please explain)		
New Well	<input type="checkbox"/>	Change in Transporter of:	unorthodox location approved - this is the requested re-filing of C-104.	
Recompletion	<input type="checkbox"/>	Oil		<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas		<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	
If change of ownership give name and address of previous owner				

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Jalmat Yates Unit	Well No.	4	Pool Name, including Formation	Jalmat	Kind of Lease	State, Federal or Fee
Location	Unit Letter I ; 1440 Feet From The South Line and 1150 Feet From The East						
Line of Section	12	Township	25-S	Range	36-E	NMPM	Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Shell Pipe Line Corporation	Address (Give address to which approved copy of this form is to be sent)	P.O. Box 2648, Houston, Texas 77001				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent)	P.O. Box 1384, Jal, New Mexico 88252				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	
		12	25	36	Yes	12-11-79	

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.	Diff.
X	X		X					
Date Spudded	10-25-79	Date Compl. Ready to Prod.	12-11-79	Total Depth	3500'	P.B.T.D.	3475'	
Pool	Jalmat	Name of Producing Formation	Yates	Top Oil/Gas Pay	2917'	Tubing Depth	3030'	
Perforations	SEE ATTACHMENT			Depth Casing Shoes	3500'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8" csg.		401'		300 sx			
7 7/8"	5 1/2" csg.		3500'		500 sx cnt. 300 pozmi			
	2 7/8" tbg.		3030'					

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 able for this depth or be for full 24 hours)

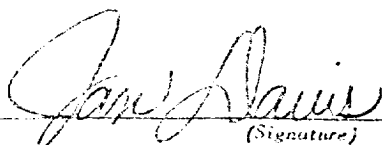
Date First New Oil Run To Tanks	12-11-79	Date of Test	12-15-79	Producing Method (Flow, pump, gas lift, etc.)	Pumping
Length of Test	24 hours	Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil-Bbls.	8	Water-Bbls.	60
				Gas-MCF	40

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.

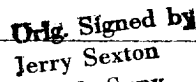

(Signature)

Production Clerk

April 22 1980

(Title)

OIL CONSERVATION COMMISSION

APPROVED APR 24 1980
BY 
TITLE Dist. 1, Supv.

This form is to be filed in compliance with RULE 1103.

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

All sections of this form must be filled out completely for a