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TRANSPORTER	OIL		
	GAS		
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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-111
Effective 1-1-65

Operator: Maralo, Inc.
Address: P. O. Box 832, Midland, Texas 79702

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	<u>Septing allowable for January only</u>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead 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	Well No.	Pool Name, Including Formation	Kind of Lease
<u>Jalmat Yates Unit</u>	<u>4</u>	<u>Jalmat</u>	State, Federal or Fee <u>Fee</u>
Location			
Unit Letter <u>I</u>	<u>1440</u> Feet From The <u>South</u> Line and <u>1150</u> Feet From The <u>East</u>		
Line of Section <u>12</u>	Township <u>25-S</u>	Range <u>36-E</u>	NMPM, <u>Lea</u> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'r. <input type="checkbox"/>	Diff. Res'r. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.E.T.D.			
<u>10-25-79</u>	<u>12-11-79</u>		<u>3500'</u>		<u>3475'</u>			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>Jalmat</u>	<u>Yates</u>		<u>2917'</u>		<u>3030'</u>			
Perforations	See Attachment					Depth Casing Shoe		
					<u>3500'</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>11"</u>	<u>8 5/8 csg</u>	<u>401'</u>	<u>300 SX</u>
<u>7 7/8"</u>	<u>5 1/2 csg</u>	<u>3500'</u>	<u>500 SX cmt. & 300 Pozm</u>
	<u>2 7/8 tubing</u>	<u>3030'</u>	

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 allowable for this depth or be for full 24 hours)

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

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.

Jan Davis
(Signature)

Production Clerk
(Title)
January 16, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 31 1980, 19

BY [Signature]
TITLE SUPERVISOR DISTRICT I

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 owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-