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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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-11  
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	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	We request a test allowable which we understand will be good for 90 days only.
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: **N/A**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
<b>Maralo Jalmat Yates Unit</b>	<b>9</b>	<b>Undesignated Jalmat</b>	State, Federal or Fee
Location			Fee
Unit Letter <b>P</b> ; <b>400</b> Feet From The <b>South</b> Line and <b>1000</b> Feet From The <b>East</b>			
Line of Section <b>12</b> , Township <b>25-S</b> , Range <b>36-E</b> , NMPM, <b>Lea</b> 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)
<b>Shell Pipeline Corporation</b>	<b>Box 2648, Houston, Texas 77001</b>
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)
<b>El Paso Natural Gas Company</b>	<b>Box 1384, Jal, New Mexico 88252</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<b>12 25 36 Yes 10/14/79</b>

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'tv.	Diff. Res'tv.
<b>X</b>	<b>X</b>		<b>X</b>					
Date Spudded <b>9-6-79</b>	Date Compl. Ready to Prod. <b>10-4-79</b>	Total Depth <b>3557'</b>	P.B.T.D. <b>3532'</b>					
Pool <b>Jalmat</b>	Name of Producing Formation <b>Lower Yates</b>	Top Oil/Gas Pay <b>3069'</b>	Tubing Depth <b>3138'</b>					
Perforations <b>3182-84'</b>	Total of 20 holes.	Depth Casing Shoe <b>3557'</b>						
<b>3069', 3084-86', 3095', 3108-10', 3124-26', 3131-32', 3164', 3169-71'</b>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>11"</b>	<b>8 5/8" csg.</b>	<b>400'</b>	<b>200 SX</b>					
<b>7 7/8"</b>	<b>5 1/2" csg.</b>	<b>3557'</b>	<b>1200 SX</b>					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of loud oil and must be equal to or exceed top allowable 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.)
<b>No oil runs</b>	<b>10-29-79</b>	<b>Pump 2"x1 1/2"x12' Rod Pump</b>
Length of Test	Tubing Pressure	Casing Pressure
<b>24 hours</b>	<b>-----</b>	<b>-----</b>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
<b>15 bbls.</b>	<b>15</b>	<b>-0-</b>
		Gas - MCF
		<b>20</b>

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)  
November 1, 1979  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 9 1979**, 19

BY **James L. Stover**

TITLE **SUPERVISOR DISTRICT**

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 multiply

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