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| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and
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 type="checkbox"/> | Unorthodox location approved - this is the requested re-filing of C-104. |
| Recompletion <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | |
| Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 Jalmat Yates Unit | Well No. 15 | Pool Name, including Formation Jalmat | Kind of Lease State, Federal or Fee |
| Location Unit Letter <u>A</u> : <u>1050</u> Feet From The <u>North</u> Line and <u>1100</u> Feet From The <u>East</u> Line of Section <u>13</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"/> 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 12-12-79 |

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 <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'v. <input type="checkbox"/> | Diff. <input type="checkbox"/> |
| Date Spudded 9-20-79 | Date Compl. Ready to Prod. 12-12-79 | Total Depth 3570' | P.B.T.D. 3526' | | | | | |
| Pool Jalmat | Name of Producing Formation Yates | Top Oil/Gas Pay 3178' | Tubing Depth 3570' | | | | | |
| Perforations SEE ATTACHMENT | Depth Casing Shoe 3570' | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 11" | 8 5/8" | 404' | 300 sx | | | | | |
| 7 7/8" | 5 1/2" | 3570' | 1100 sx | | | | | |

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 of well for this depth or be for full 24 hours)

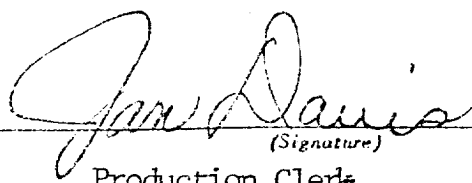
| | | | |
|---|--------------------------|---|---------------|
| Date First New Oil Run To Tanks 12-12-79 | Date of Test 12-16-79 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hours | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. 5 | Water-Bbls. 30 | Gas-MCF 35 |

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 is true and complete to the best of my knowledge and belief.


(Signature)
Production Clerk

April 22, 1980 (Title)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____
Orig. Signed by
Jerry Sexton
Dist 1, Supv.

This form is to be filed in compliance with RULE 1104.
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 able on new and recompleted wells.