

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 and C-105
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 ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain): **Testing allowable for January, only**
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** Fee:
Location:
Unit Letter: **A**; **1050** Feet From The **North** Line and **1100** Feet From The **East**
Line of Section: **13**, Township: **25-S** Range: **36-E**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
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 ☒ or Dry Gas ☐
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:
yes **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 Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'
X **X**
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 (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: **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 above is true and complete to the best of my knowledge and belief.
Jan Davis (Signature)
Production Clerk (Title)
1-17-80 (Date)
OIL CONSERVATION COMMISSION
APPROVED: **JAN 31 1980**, 19
BY: **Supervisor District**
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 conditions.
Separate Forms C-104 must be filed for each pool in multiple completions.