

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 G-104  
Supersedes Old G-104 and G-105  
Effective 1-1-65

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"/>	CASINGHEAD GAS MUST NOT BE
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	PLANNED AFTER 5/17/80
		Dry Gas	<input type="checkbox"/>	UNLESS AN EXCEPTION TO R-4070
		Condensate	<input type="checkbox"/>	IS OBTAINED.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jalmat Yates Unit	Well No. 19	Pool Name, including Formation Jalmat Seven Rivers	Kind of Lease State, Federal or Fee Fee
Location Unit Letter C ; 1300 Feet From The North Line and 1350 Feet From The West			
Line of Section 18 , Township 25-S Range 37-E , NMPM, Lea Count			

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) 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) Box 1384, Jal, New Mexico 88252
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? No When

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"/> Stave Rest'v. <input type="checkbox"/> Diff. Re <input type="checkbox"/>		
Date Spudded 9-27-79	Date Compl. Ready to Prod. 5-7-80	Total Depth 3540'	P.B.T.D. 3499'
Pool Jalmat	Name of Producing Formation Seven Rivers	Top Oil/Gas Pay 2895'	Tubing Depth 3152'
Perforations 3183-92' (10 holes) 3197-3200' (4 holes)			Depth Casing Shoe 3540'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	406'	300 sx
7 7/8"	5 1/2"	3540'	950 sx
	7 7/8"	3152'	

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 hole for this depth, or be for full 24 hours)

Date First New Oil Run To Tanks 5-7-80	Date of Test 5-12-80	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 75#	Casing Pressure	Choke Size 1/2"
Actual Prod. During Test	Oil-Bbls. 8	Water-Bbls. 28	Gas-MCF 467

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.

*Jan Davis*  
(Signature)  
Production Clerk  
(Title)  
6-2-80

OIL CONSERVATION COMMISSION

APPROVED JUN 3 1980, 19  
BY *[Signature]*  
SUPERVISOR DISTRICT  
TITLE

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 device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of well name or number, or transporter, or other such change of conditions.