	EISTRIBUTION SANTA FE	NEW MEXICO OIL CO REQUEST F	OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S. LAND OFFICE IRANSPORTER OIL	AUTHORIZATION TO TRAN	AND ISPORT OIL AND NATURAL G	AS	
1.	GAS OPERATOR PRORATION OFFICE Operator				
	Maralo, Inc.				
	P.O. Box 832, Midland, Texas 79702				
	Reason(s) for filing (Check proper box) Other (Please explain) New Well Y Change in Transporter of:				
	New Well X Change in Transporter of: Recompletion Oil Dry Gas				
	Change in Ownership	Castroheal Gas Condens	sate []		
	If change of ownership give name and address of previous owner				
	DESCRIPTION OF WELL AND I	FASE			
11.	Lease Name	Well No. Pool Nam	ne, Including Formation	State, Federal or Fee Fee	
	Jalmat Yates Unit	25 Jai	lmat 7-Rivers	State, reason of rec 166	
		0 Feet From The North Line	and 1550 Feet From	The West	
•	10 -	25.2	_	ea County	
	Line of Section 18 , Tow	nship ZJ-5 Hunge	J/ L		
II.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil				
	Shell Pipe Line Corporat	cion .	Sox 2648, Houston, Texas 77001		
	Name of Authorized Transporter of Casinghed Gas X or Dry Gas Ad		Address (Give address to which approved copy of this form is to be sent) Box 1384, Jal, New Mexico 88252		
	El Paso Natural Gas Comp	Unit Sec. Twp. Rge.		nen	
	If well produces oil or liquids, give location of tanks.	18 25-S 37-E	no		
IV.	If this production is commingled wit COMPLETION DATA			Plug Back Some Resty, Diff. Resty	
- • •	Designate Type of Completio	n - (X) Gas Well X	New Well Workover Deepen	Plug Back Some Resty, Diff. Hesty	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	10-6-79	1-30-80	3510' Top Oil/Gas Pay	3465 ' Tubing Depth	
	Pcol Jalmat	Name of Producing Formation 7-Rivers	2856'	3152'	
	Perforations See Reverse Side			Depth Casing Shoe 3510'	
	See Reverse Side TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	11"	8 5/8'' 5 1/2''	400' 3510'	300 sx	
	7 7/8''	2 7/8"	3152'	100.32	
				il and must be equal to or exceed too elle	
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) able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	tijt, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
:			Water-Bbls.	Gas-MCF	
	Actual Pred. During Test	OII-Bbls.			
				•	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	340 MCF	24 hours	1-bb1.	38.3 Choke Size	
	Testing Method (pitot, back pr.) Back pressure	Tubing Pressure	Casing Pressure		
V	L CERTIFICATE OF COMPLIAN	1	-11	VATION COMMISSION	
• •	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.		APPROVED 19		
	\bigcap \bigcap .		This form is to be filed in compliance with RULE 1104.		
	Jand aus		If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	Production Clerk (Title)		All sections of this form must be filled out completely for alloable on new and recompleted wells.		
	3-5-80		Pill and Sections I II	I will and VI only for changes of own	
	(Date)		well name or number, or transporter, or other such change of condition		

PERFORATION RECORD

2 hole per foot 3478-3474' (10 holes)

3438-3434' 3423-3421' 3363-3360' 3335-3328' Perf'd

(Total 24 holes)

Set wireline bridge plug @ 3465' with 1/sk cement on top.

Set cast iron bridge plug @ 3360' with 1/sk cement on top.

Perf'd

3228-26' 3207-05'

3133-30'

(Total 10 holes)

RECEIVED

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6% Sergeryk (Ry by.