

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.E.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	
Operator	

Maralo, Inc.

Address

P. O. Box 832, Midland, Texas 79702 0832

Reason(s) for filing (Check proper box)

New Well ☒ Change In Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change In Ownership ☐ Castinghead Gas ☒ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

2. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Jalmat Yates Unit	32	Jalmat (Yates	State, Federal or Fee	
Location				
Unit Letter	P	330 Feet From The	South	Line and 330 Feet From The
				East
Line of Section	12	T. Township	25S	Range
				36E
				NMPM, Lea
				County

3. 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)	
Shell Pipe Line Corporation	Box 2648, Houston, Texas 77001	
Name of Authorized Transporter of Castinghead 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)	
El Paso Natural Gas Company	Box 1384, Jal, New Mexico 88252	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	12	25
		36
Is gas actually connected?	When	
Yes	7-23-85	

If this production is commingled with that from any other lease or pool, give commingling order number:

4. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.	
X	X		XX						
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
3-16-85	5-17-85	3250'	3248'						
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
3167.0 GL	Yates	2930	2802						
Perforations	2934;40;43;46;56;59;73;84;88;2993;3013;17;20;23;3026 (15 holes)		Depth Casing Shoe						
				3250'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	400'	275ex C1. C
7 7/8"	5 1/2"	3250'	575ex C1. C

5. 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-22-85	7-23-85	pumping 2" x 1 1/2" x 16' bottom hold down brass p	
Length of Test	Tubing Pressure	Casing Pressure	Chore Size
24hrs	-	-	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
35	45	434	10

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Chore Size

6. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Brenda Callman  
(Signature)

Agent

(Title)

July 25, 1985

(Date)

OIL CONSERVATION DIVISION

JUL 30 1985

APPROVED \_\_\_\_\_, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

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 only Sections I, II, III, and VI 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 completed wells.