

REQUEST FOR (OIL) - (GAS) ALLOWABLE SEP 8 1964
New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Midland, Texas Sept. 4, 1964
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Ralph Lowe Hanson Field, Well No. 1, in SE 1/4 SW 1/4,
(Company or Operator) (Lease)
N, Sec. 34, T. 20-S, R. 20-E, NMPM, We-Perm. Pool

Eddy County Date Spudded 6-26-63 Date Drilling Completed 9-15-63

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N X	O	P

660/5 1980/W

Tubing, Casing and Cementing Record

Size	Feet	Sax
20	30	Ready Mix Poured
9 7/8	2310	1450
5 1/2	11796	1040
2 3/8	9634	

Elevation 3229 Total Depth 11880 PBD

Top Oil/Gas Pay 9637-53 Name of Prod. Form. Atocha

PRODUCING INTERVAL -

Perforations 9637-53

Open Hole Depth Casing Shoe 11796 Depth Tubing 9634

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls. water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): bbls. oil, bbls. water in hrs, min. Size Choke

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: 980 MCF/Day; Hours flowed 48

Choke Size Various Method of Testing: Back Pressure Test

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 mud acid, 12,000 gal. D.S.G. acid

Casing Tubing Date first new Press. oil run to tanks

Oil Transporter None

Gas Transporter None

Remarks: Well shut in.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved SEP 8 1964, 19

Ralph Lowe
(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]
(Signature)

By: [Signature]

Title agent

Title OIL AND GAS INSPECTOR

Send Communications regarding well to:

Name Ralph Lowe

Address Box 832, Midland, Texas

OIL CONSERVATION COMMISSION

ARTESIA DISTRICT OFFICE

No. Copies Received **5**

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