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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-110  
Effective 1-1-65

Operator		Ralph Lowe		RECEIVED DEC 23 1965 O. C. C. ARTESIA, OFFICE	
Address		Box 832, Midland, Texas, 79701			
Reason(s) for filing (Check proper box)			Other (Please explain)		
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:			
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Indian Basin "C"	Well No.	3	Pool Name, Including Formation	Indian Basin (Upper Penn)	Kind of Lease	State, Federal or Fee	Federal
Location								
Unit Letter	K	1500	Feet From The	South	Line and	1500	Feet From The	West
Line of Section	25	Township	21-S	Range	23-E	NMPM,	Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Marathon Oil Company, operator Indian Basin Gas Plant and Gathering System	Box 1324 Artesia, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Same	Same					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	11/21/65	Date Compl. Ready to Prod.	12/21/65	Total Depth	7567'	P.B.T.D.		
Pool	Indian Basin (Upper Penn)	Name of Producing Formation	Upper Penn	Top Oil/Gas Pay	7478	Tubing Depth	7394	
Perforations	7478 to 7492 4 shots per foot					Depth Casing Shoe	7567	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	217	250					
11	8 5/8	1800	1870					
7 5/8	5 1/2	7567	300					
	2 3/8	7394						

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
3,310	2 Hours	app. 11 bbl per 1000 MCF	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
open Flow	1465	Packer	16/64

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.

\_\_\_\_\_  
(Signature)  
Agent  
(Title)  
12/22/65  
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 29 1965  
BY M. L. Armstrong  
TITLE OIL AND GAS INSPECTOR

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 condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.