

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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 QUADRUPPLICATE 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, 1962 APR 30 AM 7:26 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  
(Place)

4/27/62  
(Date)

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

Ralph Lowe Sholes "B" -25, Well No. 2, in SE 1/4 SE 1/4,  
(Company or Operator) (Lease)

P 25, T 25-S, R 36-E, NMPM, Jalmat Pool  
Unit Letter

Lea

County. Date Spudded 5/25/47 Date Drilling Completed 6/25/47  
Elevation 3021 Total Depth 2955 PBTD 2915

Please indicate location:

Top Oil/Gas Pay 2871 Name of Prod. Form. Yates

PRODUCING INTERVAL -

Perforations 2871-75; 2880-82; 2884-94; 2902-10

Open Hole Depth Casing Shoe 2918 Depth Tubing 2840

OIL WELL TEST -

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

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: 780 MCF/Day; Hours flowed 24

Choke Size 1/2 Method of Testing: Orifice meter

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): acidized 1000 gal. 10/9/61

Casing Tubing Date first new Press. Pkr. Press. 165 oil run to tanks

Oil Transporter None

Gas Transporter El Paso Natural Gas Company

Tubing, Casing and Cementing Record

Size	Feet	Size
10 3/4	410	150
8 5/8	1225	-
7	2918	150
2 1/2	2840	-

Remarks: Well plugged back from oil zone @ 2950-55 to gas zone shown above.

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

Approved: \_\_\_\_\_, 19\_\_\_\_

Ralph Lowe

(Company or Operator)

OIL CONSERVATION COMMISSION

By: *[Signature]*  
(Signature)

Agent

Title: Send Communications regarding well to:

Name: Ralph Lowe

Address: Box 832, Midland, Texas

Title: \_\_\_\_\_