

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, 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

October 16, 1957

(Place)

(Date)

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

Ralph Lowe

State "A"

Well No. 2

in SE

1/4

NW

1/4

(Company or Operator)

(Lease)

F

Sec. 32

T. 11-S

R. 38-E

NMPM, North Gladiola Devonian

Pool

Unit Letter

Lea

County Date Spudded June 17, 1957

Date Drilling Completed Oct. 13, 1957

Please indicate location:

Elevation 3888 G.L.

Total Depth 12022

PBTD 12022

Top Oil/Gas Pay 11,971

Name of Prod. Form. Devonian

PRODUCING INTERVAL -

Perforations 11971-11998 w/6 holes per. ft.

Open Hole 12002-12022

Depth

Casing Shoe 12002

Depth

Tubing 12018

OIL WELL TEST -

Natural Prod. Test: None 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): 432 bbls. oil, 0 bbls water in 6 hrs, 0 min. Size 3/4 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: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 7500 gal. acid

Casing Tubing Date first new
Press. Pkr. Press. 275 oil run to tanks 10-13-57

Oil Transporter Magnolia P. L. Co.

Gas Transporter None

Remarks:

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:

W. A. Taylor
(Signature)

Title Agent

Send Communications regarding well to:

Name Ralph Lowe

Address Box 832, Midland, Texas

By: [Signature]

Title