

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 3/30/64
(Place) (Date)

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

Ralph Lowe (Company or Operator), Well No. 1, in SW 1/4 SE 1/4,
(Lease)

O Sec. 16, T. 10-S, R. 36-E, NMPM, Undesignated Pool

Lea County. Date Spudded 1/14/64 Date Drilling Completed 3/17/64

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	<u>X</u>	P

Elevation 4018 Total Depth 17341 PBTD

Top Oil/Gas Pay 12272 Name of Prod. Form. Devonian

PRODUCING INTERVAL -

Perforations 12274' - 12286' 4 shots per ft.

Open Hole Depth 17335 Casing Shoe 12274 Tubing

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 360 bbls. oil, NO bbls water in 24 hrs, _____ min. Choke Size 20/64

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 Testings: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 Mudacid and 3000 gals. 15% regular

Casing Packer Tubing 700 Date first new 3-26-64
Press. 700 oil run to tanks

Oil Transporter The Permian Corporation

Gas Transporter _____

Tubing, Casing and Cementing Record

Size	Feet	Sin
<u>13 3/8</u>	<u>341</u>	<u>340</u>
<u>8 5/8</u>	<u>4195</u>	<u>1550</u>
<u>5 1/2</u>	<u>12335</u>	<u>100</u>
<u>2 3/8</u>	<u>12274</u>	

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: [Signature]
(Signature)

By: _____

Title agent

Title _____

Send Communications regarding well to:

Name Ralph Lowe

Address Box 832, Midland, Texas