

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

RECEIVED

JUN 10 1969

O. C. C.  
ARTESIA, OFFICE

DISTRIBUTION	
SANTA FE	
ALBUQUERQUE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCER	
REGISTRATION OFFICE	

Ralph Lowe	
PO Box 832, Midland, Texas 79701	
Person(s) for filing (Check proper box)	Other (Please explain)
Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Change from Continental Pipeline Co.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease
State "OG" 272	1	E. Millman Queen Grayburg	State, Federal or Foreign State
Location	Section	Township	Range
Well Letter N	330	19-S	28-E
Feet From The South Line and	1980	Feet From The West	Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Designated Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Marzo Ref. Co. Pipeline Div.	N. Freeman Ave. Artesia, New Mex. 88210				
Designated Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Phillips Pet. Co.	Room 20, 4th & Washington Odessa, Tex.				
Unit	Sec.	Twp.	Range	Is gas actually connected?	When
N	12	19-S	28-E	yes	7-5-60

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.
Total Depth	P.S.T.D.
Name of Producing Formation	Top Oil/Gas Pay
Typing Depth	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Surface Pressure	Tubing Pressure	Casing Pressure	Choke Size
Oil - bbls.	Water - bbls.	Gas - MCF	

AS WELL	Length of Test	bbls. Condensate/MMCF	Gravity of Condensate
Surface Pressure	Tubing Pressure	Casing Pressure	Choke Size

VII. 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.

For Murray  
(Signature)  
agent  
(Title)  
June 9, 1969  
(Date)

OIL CONSERVATION COMMISSION

JUN 12 1969

APPROVED  
BY B. L. Starnes  
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 recompleting wells.

Fill out Sections I, II, III, and VI only for changes of well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in a newly drilled well.

