

STATE OF NEW MEXICO  
OIL AND GAS  
LAND OFFICE  
TRANSPORTER  
OPERATOR  
PRODUCTION OFFICE

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  
**RECEIVED**

JUN 10 1969

O. C. C.  
ARTESIA, OFFICE

Operator Ralph Lowe  
Address PO Box 832, Midland, Texas 79701  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Completion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain) Change from Continental Pipeline Co.  
If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE  
Well No. 3 Pool Name, Including Formation E. Millman Queen Grayburg Kind of Lease State  
State "OG" 272  
Well Letter K 1980 Feet From The West Line and 1650 Feet From The South  
Range 12 Township 19-S Range 28-E NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Transporter of Authorized Transporter of Oil ☒ or Condensate ☐  
Noraso Refg. Co. Pipeline Div. Address (Give address to which approved copy of this form is to be sent)  
Transporter of Casinghead Gas ☒ or Dry Gas ☐ N. Freeman Ave. Artesia, New Mex. 88210  
Phillips Pet. Co. Address (Give address to which approved copy of this form is to be sent)  
Room 20, 4th + Washington, Odessa, Tex.  
If well produces oil or liquids, give location of tanks. Unit N Sec. 12 Twp. 19-S Rge. 28-E Is gas actually connected? yes When 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)  
Date Spudded \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_ Total Depth \_\_\_\_\_ P.B.T.D. \_\_\_\_\_  
Name of Producing Formation \_\_\_\_\_ Top Oil/Gas Pay \_\_\_\_\_ Tubing Depth \_\_\_\_\_  
Depth Casing Shoe \_\_\_\_\_

TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE \_\_\_\_\_ CASING & TUBING SIZE \_\_\_\_\_ DEPTH SET \_\_\_\_\_ SACKS CEMENT \_\_\_\_\_

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)  
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 rate During Test \_\_\_\_\_ Oil - Bbls. \_\_\_\_\_ Water - Bbls. \_\_\_\_\_ Gas - MCF \_\_\_\_\_

GAS WELL  
Actual First Test \_\_\_\_\_ Length of Test \_\_\_\_\_ Bbls. Condensate/MMCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_  
Tubing Pressure \_\_\_\_\_ Casing Pressure \_\_\_\_\_ Choke Size \_\_\_\_\_

CERTIFICATE OF COMPLIANCE  
I, Carl Murray (Signature) agent (Title) June 9, 1969 (Date)  
OIL CONSERVATION COMMISSION  
APPROVED JUN 12 1969 19\_\_\_\_  
BY R. L. Hammett  
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.

