

DISTRIBUTION  
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U.S.G.S.  
LAND OFFICE  
TRANSPORTER  
OIL  
GAS  
OPERATOR  
PRORATION 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  
**RECEIVED**  
JUN 10 1969  
**O. C. C.**  
**ARTESIA, OFFICE**

*Ralph Lowe*  
*PO Box 832, Midland, Texas 79701*  
Name of owner for filing (check proper box)  
Oil Well ☐ Change in Transporter of:  
Gas Well ☐ Oil ☒ Dry Gas ☐  
Change in ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name and address of previous owner

**DESCRIPTION OF WELL AND LEASE**  
Well Name *State "OG" 272* Well No. *4* Pool Name, Including Formation *E. Millman Queen Grayburg* Kind of Lease *State*  
Section *L* 1982 Feet From The *South* Line and *660* Feet From The *West* Line  
Line of Section *12* Township *19-S* Range *28-E* NMPM, *Eddy* County

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
*Navajo Refg. Co. Pipeline Div.* Address (Give address to which approved copy of this form is to be sent)  
*N. Freeman Ave. Artesia, N.M. 88210*  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
*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 production 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)  
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.E.T.D.  
Pool Name of Producing Formation Top Oil/Gas Pay Tying Depth  
Perforations 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)  
Date 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  
Amount Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

**GAS WELL**  
Date First New Gas Run To Tanks Date of Test Bbls. Condensate/MMCF Gravity of Condensate  
Length of Test Tubing Pressure Casing Pressure Choke Size

**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.  
*Bill Murray*  
(Signature)  
*agent*  
(Title)  
*June 9, 1969*  
(Date)  
**OIL CONSERVATION COMMISSION**  
APPROVED *JUN 12 1969*  
BY *R. L. Stamm*  
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 change 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.

