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	GAS	1
OPERATOR		2
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
Effective 1-1-65

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OCT 25 1965

I. OPERATOR

Operator Ralph Lowe ☒ O. C. C.
ARTESIA, OFFICE

Address PO Box 832, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Re-completion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Previous C-110 Approved 5/23/63
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	showed well shut in.
		Dry Gas	<input checked="" type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	<u>Indian Basin</u>	Well No.	<u>1</u>	Pool Name, including Formation	<u>Indian Basin (Morrow)</u>	Kind of Lease	<u>Federal</u>	
Location							State, Federal or Fee	<u>Federal</u>
Unit Letter	<u>E</u>	<u>1980</u>	Feet From The	<u>North</u>	Line and	<u>660</u>	Feet From The	<u>West</u>
Line of Section	<u>23</u>	Township	<u>21-S</u>	Range	<u>23-E</u>	NMPM,	<u>Eddy</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input checked="" type="checkbox"/> *	Address (Give address to which approved copy of this form is to be sent)		
<u>Ralph Lowe</u>				<u>PO Box 832, Midland, Texas 79701</u>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					<u>Yes</u>	<u>10/21/65</u>

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

IV. 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.B.T.D.					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>Note: approximately 500 MCF per day to be used on nearby Leases for Drilling rig Fuel. Ralph Lowe, only transporter at present time.</u>			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL <u>Note: well completed for 12,100 MCF Absolute Potential. approved 5/23/63.</u>			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. 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.

W. L. Morrow
(Signature)
agent
(Title)
October 21, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 25 1965, 19_____
BY Ms. Armstrong
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.