

NEW MEXICO
OIL CONSERVATION COMMISSION
P. O. BOX 2083
SANTA FE, NEW MEXICO

GAS SUPPLEMENT NO. ~~NEW~~ (SE) AR 12 DATE 1/26/66

NOTICE OF WELL CONNECTION OR AUTHORITY TO ASSIGN ALLOWABLE
ALL VOLUMES EXPRESSED IN MCF

The operator of the following well has complied with all the requirements of the Oil Conservation Commission and may be assigned an allowable as shown below.

Date of Connection 1/26/66 Date of First Allowable or Allowable Change 1/26/66
Purchaser Marathon Pool Indian Basin-Morrow Gas
Operator Ralph Lowe Lease Indian Basin Gas Co
Well No. 1 Unit Letter B Sec. 23 Twp. 21 Rnge. 23
Dedicated Acreage 640 Revised Acreage _____ Difference _____
Acreage Factor 1.00 Revised Acreage Factor _____ Difference _____
Deliverability _____ Revised Deliverability _____ Difference _____
A x D Factor _____ Revised A x D Factor _____ Difference _____

M. L. Armstrong
SUPERVISOR, DISTRICT 2 *by W. H. G.*

New Connection

RECALCULATION OF SUPPLEMENTAL ALLOWABLE

MONTH	% OF MO.	ALLOWABLE DIFFERENCE	MONTH	% OF MO.	ALLOWABLE DIFFERENCE
JANUARY	<u>1935</u>	<u>11286</u>	JULY		
FEBRUARY			AUGUST		
MARCH			SEPTEMBER		
APRIL			OCTOBER		
MAY			NOVEMBER		
JUNE			DECEMBER		

TOTAL AMOUNT OF (Cancelled or Additional) ALLOWABLE 11286

PREVIOUS DEC. MONTH NET ALLOW. -0- REVISED DEC. MONTH NET ALLOW. No change
PREVIOUS JAN. MONTH CURRENT ALLOW. -0- REVISED JAN. MONTH CURRENT ALLOW. 11286
EFFECTIVE IN THE FEB. MONTH PRORATION SCHEDULE.

REMARKS: _____

NOTICE OF SHUT-IN

The following described well has been Shut-in for Failure of Compliance:

Purchaser _____ Pool _____ Date _____
Operator _____ Lease _____
Well No. _____ Unit Letter _____ Sec. _____ Twp. _____ Rnge. _____
Effective date of Shut-in _____ Reason for Shut-In _____

A. L. PORTER, Jr., Director

By _____

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
RESEARCH REPORT
NO. 1000

THE UNIVERSITY OF CHICAGO, CHICAGO, ILLINOIS 60637

RESEARCH REPORT NO. 1000
DEPARTMENT OF CHEMISTRY
THE UNIVERSITY OF CHICAGO

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
RESEARCH REPORT
NO. 1000
DEPARTMENT OF CHEMISTRY
THE UNIVERSITY OF CHICAGO
CHICAGO, ILLINOIS 60637

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
RESEARCH REPORT
NO. 1000
DEPARTMENT OF CHEMISTRY
THE UNIVERSITY OF CHICAGO
CHICAGO, ILLINOIS 60637

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
RESEARCH REPORT
NO. 1000
DEPARTMENT OF CHEMISTRY
THE UNIVERSITY OF CHICAGO
CHICAGO, ILLINOIS 60637

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
RESEARCH REPORT
NO. 1000
DEPARTMENT OF CHEMISTRY
THE UNIVERSITY OF CHICAGO
CHICAGO, ILLINOIS 60637

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
RESEARCH REPORT
NO. 1000
DEPARTMENT OF CHEMISTRY
THE UNIVERSITY OF CHICAGO
CHICAGO, ILLINOIS 60637

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		
FILE		
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-111
Effective 1-1-65

RECEIVED

NOV 22 1965

I. Operator Ralph Lowe ✓
Address Box 832 Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒
Other (Please explain) Previous C-104 approved 10/25/65
Showing Ralph Lowe (Drilling Rig Fuel)
as only Purchaser of Gas.
Correct lease name memo 2-6
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Indian Basin Inc com</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Indian Basin (Morrow)</u>	Kind of Lease State, Federal or Fee <u>Federal</u>
Location 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 - Split Connection

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Marathon Oil Co., operator, Indian Basin</u> <u>Gas Plant and Gathering System</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1374, Artesia, New Mexico</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Same</u>	Address (Give address to which approved copy of this form is to be sent) <u>Same</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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			

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

GAS WELL

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.

Agent
(Signature)
agent
(Title)
NOV 19 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 26 1966, 19_____
BY M. L. Armstrong
TITLE Oil Conservation Commissioner

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 own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-