

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
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  
Effective 1-1-65

RECEIVED

NOV 22 1965

Operator <i>Ralph Lowe</i>		F. C. G. ARTESIA, OFFICE	
Address <i>Box 832, Midland, Texas, 79701</i>			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Incompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input 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 <i>Indian Basin "D"</i>	Well No. <i>1</i>	Pool Name, Including Formation <i>Indian Basin (upper Penn)</i>	Kind of Lease State, Federal or Fee <i>Federal</i>
Location			
Unit Letter <i>K</i>	<i>1650</i> Feet From The <i>South</i> Line and <i>1650</i> Feet From The <i>West</i>		
Line of Section <i>34</i>	Township <i>21-S</i>	Range <i>23-E</i>	NMPM, <i>Eddy</i> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <i>Marathon Oil Co. operator Indian Basin Gas Plant and Gathering System</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 1324, Artesia New Mexico</i>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <i>Same</i>	Address (Give address to which approved copy of this form is to be sent) <i>Same</i>		
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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <i>7/4/65</i>	Date Compl. Ready to Prod. <i>11/6/65</i>	Total Depth <i>7710</i>	P.B.T.D.					
Pool <i>Indian Basin (upper Penn)</i>	Name of Producing Formation <i>upper Penn</i>	Top Oil/Gas Pay <i>7182</i>	Tubing Depth <i>7086</i>					
Perforations <i>7182' - 7212' 3 shots per ft.</i>	Depth Casing Shoe <i>7710</i>							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<i>17 1/2</i>	<i>13 3/8</i>	<i>242</i>	<i>275</i>
<i>11</i>	<i>8 5/8</i>	<i>2308</i>	<i>1260</i>
<i>6 7/8</i>	<i>5 1/2</i>	<i>7710</i>	<i>700</i>
	<i>2 3/8</i>	<i>7086</i>	

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 <i>17,500</i>	Length of Test <i>4 hours</i>	Bbls. Condensate/MMCF <i>1.43</i>	Gravity of Condensate <i>58</i>
Testing Method (pitot, back pr.) <i>Back Pr.</i>	Tubing Pressure <i>2367</i>	Casing Pressure <i>Packer</i>	Choke Size <i>13/64 - 19/64</i>

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.

*[Signature]*  
(Signature)  
*Agent*  
(Title)  
*Nov. 19, 1965*  
(Date)

OIL CONSERVATION COMMISSION  
JAN 26 1966

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY *M. L. Cunningham*  
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