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| TRANSPORTER | OIL GAS |
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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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NOV 22 1965

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|--|---|
| Operator <i>Ralph Lowe</i> | |
| 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: <input type="checkbox"/> |
| 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 Hills Unit</i> | Well No. <i>2</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>0</i> <i>660</i> Feet From The <i>South</i> Line and <i>1750</i> Feet From The <i>East</i> Line of Section <i>20</i> Township <i>21-S</i> Range <i>24-E</i> NMPM, <i>Eddy</i> County | | |

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| 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: _____

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| IV. COMPLETION DATA | | | |
| Designate Type of Completion - (X) | Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v. | | |
| <i>5/16/65</i> | <i>6/23/65</i> <i>7411</i> | | |
| Pool <i>Indian Basin (Upper Penn)</i> | Name of Producing Formation <i>Upper Penn</i> Top Oil/Gas Pay <i>7372</i> Tubing Depth <i>7374</i> | | |
| Perforations <i>Open Hole</i> | Depth Casing Shoe <i>7372</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>235</i> | <i>325</i> |
| <i>12 1/4</i> | <i>9 5/8</i> | <i>3050</i> | <i>1600</i> |
| <i>8 3/4</i> | <i>5 1/4</i> | <i>7372</i> | <i>1005</i> |
| | <i>2 3/8</i> | <i>7374</i> | |

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|---|-----------------|---|------------|
| V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL | | | |
| Date First New Oil Rgn 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>19,700</i> | Length of Test <i>4 hours</i> | Bbls. Condensate/MMCF <i>2.03</i> | Gravity of Condensate <i>58</i> |
| Testing Method (pilot, back pr.) <i>Back Pr.</i> | Tubing Pressure <i>2370</i> | Casing Pressure <i>Packer</i> | Choke Size <i>13/64 - 19/64</i> |

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| 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. | |
| <i>(Signature)</i> <i>Agent</i> <i>(Title)</i> <i>11-19-65</i> <i>(Date)</i> | |
| OIL CONSERVATION COMMISSION APPROVED <i>JAN 26 1966</i> , 19_____ BY <i>Mr. Armstrong</i> TITLE <i>Oil and Gas Inspector</i> 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. | |