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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
Effective 1-1-65

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Operator <i>Ralph Lowe</i>		DEC 20 1965
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:	O. C. C. ARTEBIA, OFFICE
Recompletion <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

I. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Indian Hills Unit</i>	Well No. <i>4</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>28</i> , Township <i>21-S</i> Range <i>24-E</i> , NMPM, <i>Eddy</i> County			

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<i>Marathon Oil Company, operator Indian Basin Gas Plant and Gathering System</i>	<i>Box 1324, Artesia, New Mexico</i>					
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)					
<i>SAME</i>	<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:

V. 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"/>						
Date Spudded <i>11/16/65</i>	Date Compl. Ready to Prod. <i>12/14/65</i>	Total Depth <i>7500'</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>7475</i>	Tubing Depth <i>7481</i>					
Perforations <i>open hole</i>	Depth Casing Shoe <i>7473</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>218</i>		<i>250</i>			
<i>11</i>	<i>8 5/8</i>		<i>1800</i>		<i>1750</i>			
<i>7 5/8</i>	<i>5 1/2</i>		<i>7473</i>		<i>300</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>16,000</i>	Length of Test <i>2 Hours</i>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <i>open flow</i>	Tubing Pressure <i>1100 #</i>	Casing Pressure <i>Packer</i>	Choke Size <i>3/4"</i>

I. 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. Murray
(Signature)
agent
(Title)
Dec. 17, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED *JAN 26 1966*, 19
BY *M. L. Armstrong*
TITLE *Asst. Sec. for Operations*

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.

RECEIVED

PREPARED BY

DATE

DEC 20 1965

Ralph Lowe
Indian Hills Unit Well No. 4
Sec. 28, T-21-S, R-24-E
Eddy County, New Mexico

Deviation Survey	Degrees	Feet	
	3/4	600	1
	1/4	1100	2
	1	1600	3
	1 1/4	2101	4
	1	3060	5
	3/4	3730	6
	2 1/4	4110	7
	2 1/4	4390	8
	1 1/2	4915	9
	1 3/4	5370	10
	1 1/2	5720	11
	3/4	6185	12
	1/4	6530	13
	3/4	7234	14
	3/4	7300	15
		7500 TD	16
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STATE OF TEXAS			25
COUNTY OF MIDLAND			26
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Before me, the undersigned authority, on this day personally appeared			28
C. W. Murray, Known to me to be the person whose name is subscribed to this			29
instrument, who after by me duly sworn on oath, states that to the best of			30
his knowledge the facts stated above are true and correct.			31
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Subscribed and sworn to before me on this the 15th day of December, 1965.			35
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C. W. Murray

Mary E. Kirby
Mary E. Kirby,
Notary Public in and for
Midland County, Texas