

February 8, 1966

Ralph Lowe  
P. O. Box 832  
Midland, Texas

Attention: Mr. E. W. Murray

Re: R & B Federal Well No. 1 18-25-30

Dear Mr. Murray:

Please note that Form C-104, filed February 3, 1966, for the subject well was inadvertently changed to reflect a lease name and well number change. Enclosed please find a copy of corrected Form C-104. Please substitute this corrected form for the one you previously received.

By copy of this letter, the Permian Corporation is advised to make the same substitution.

If there are any questions concerning this matter do not hesitate to call upon me.

Very truly yours,

OIL CONSERVATION COMMISSION

R. L. Stamets  
Geologist

RLS/bh

Enc.

cc: Permian Corporation  
P. O. Box 3119  
Midland, Texas  
N. M. Oil Conservation Commission  
P. O. Box 2088  
Santa Fe, New Mexico

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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

RECEIVED

FEB 7 1966

O. C. C.  
ARTICIA, OFFICE

I. Ralph Lowe  
P.O. Box 832, Midland, Texas 79701  
Reasons for filing (Check proper box)  
Change in Transporter of:  
Oil ☒ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐  
Other (Please explain) From Cactus Pet. Inc.  
If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name	<u>R + B Federal</u>	Well Name, Pool Name, Including Formation	<u>10 Corral Canyon Delaware</u>	Kind of Lease	<u>Federal</u>
Location	State, Federal or Fee				
Unit Letter	<u>A</u>	Feet From The	<u>North</u> Line and	<u>667.75</u> Feet From The	<u>East</u>
Line of Section	<u>18</u>	Township	<u>25-S</u>	Range	<u>30-E</u> , NMPM, <u>Eddy</u> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent)	<u>P.O. Box 3119, Midland, Texas 79701</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	<u>None</u>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>A</u>	<u>18</u>	<u>25</u>	<u>30</u>	<u>NO</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.					
Feet	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Iterations			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
Test 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.

February 3, 1966  
(Signature) Agent  
(Title)  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 7 1966, 19

BY M. L. Armstrong

TITLE Oil Well (R + B Federal)

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.

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