

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Albuquerque, N.M.  
(Place)

August 20, 1952  
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Lowry et al Operating Account Federal NM 03554, Well No. 1-14-241, in 1/4 in 1/4  
(Company or Operator) (Lease)

D, Sec. 14, T. 26N, R. 6W, NMPM, Dogie Canyon P.C. Pool  
(Unit)

Rio Arriba County. Date Spudded 6/15/52, Date Completed 6/24/52

Please indicate location:


Elevation 6622' IF Total Depth 3103', P.B.

Top oil/gas pay 3030' Top of Prod. Form 3052'

Casing Perforations: None or

Depth to Casing shoe of Prod. String.

Natural Prod. Test. BOPD

based on. bbls. Oil in Hrs. Mins.

Test after acid or shot. BOPD

Based on. bbls. Oil in Hrs. Mins.

Gas Well Potential 396 MCF after 6 hrs.

Size choke in inches.

Date first oil run to tanks or gas to Transmission system: Est. 9/1/52

Transporter taking Oil or Gas: Southern Union Gas Company

Casing and Cementing Record

Size Feet Sax

8-5/8	516	200
5-1/2	3052	200

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved. AUG 25 1952, 19

OIL CONSERVATION COMMISSION

By: Al Shur

Title Oil and Gas Inspector Dist. #3

Lowry et al Operating Account

(Company or Operator)

By: [Signature]  
(Signature)

Title Asst. General Manager

Send Communications regarding well to:

Same as above.

Name

Address

OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Desired <u>2</u>		
DISTRIBUTION		
	NO. RECEIVED	
Operator	<u>1</u>	
Rental Co.	<u>2</u>	
Protection Office		
State Land Office		
U. S. G. S.		
Transporter		
File	<u>1</u>	<input checked="" type="checkbox"/>