

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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Name: Ralph Lowe

Address: PO Box 337, Midland, Texas, 79701

Reasons for filing (check proper box):
 New Well Change in Transporter oil:
 Existing Well Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

III. DESCRIPTION OF WELL AND LEASE

Well Name: Indian Basin # E Well No: 1A Pool Name, including Formation: Indian Basin (Upper Penn) Kind of Lease: Federal

Location: Section 27, Township 21-S, Range 23-E, NMPM, Eddy County

That Letter: K; 1650 Feet From The South Line and 1650 Feet From The West

IV. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate : Operation Oil Co., operator, Indian Basin Gas Plant and Gathering System Address: Box 1374, Artesia, New Mexico

Name of Authorized Transporter of Casinghead Gas or Dry Gas : Same Address: Same

If well produces oil or liquids, give location of tanks: _____

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: 6/11/65 Date Compl. Ready to Prod.: 11/4/65 Total Depth: 7808 P.B.T.D.: _____

Name of Producing Formation: Indian Basin (Upper Penn) (Upper Penn) Top Oil/Gas Pay: 7260 Tubing Depth: 7153

Perforations: 7260-90 4 shots per foot Depth Casing Shoe: 7800

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2</u>	<u>13 3/8</u>	<u>218</u>	<u>250</u>
<u>12 1/4</u>	<u>9 5/8</u>	<u>2305</u>	<u>900</u>
<u>8 1/2</u>	<u>7</u>	<u>7800</u>	<u>700</u>
	<u>2 3/8" Tbg.</u>	<u>7153</u>	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

Oil Well

Date First New Oil Run To Tanks: _____ Date of Test: _____ Producing Method (Flow, pump, gas lift, etc.): _____

Depth of Test: _____ Tubing Pressure: _____ Casing Pressure: _____ Choke Size: _____

Amount Produced During Test: _____ Oil-Bbls.: _____ Water-bbls.: _____ Gas-MCF: _____

GAS WELL

Volume of Gas Produced (scf): 50,500 Length of Test: 4 hours Bbls. Condensate/MMCF: 1.32 Gravity of Condensate: 58.4

Wellhead Pressure (psia, back pr.): 2285 Tubing Pressure: 2285 Casing Pressure: Plucker Choke Size: 13/64 - 19/64

VI. CERTIFICATION 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]
 Title: _____
 Date: 11/19/65

OIL CONSERVATION COMMISSION

APPROVED: [Signature], 1965

BY: M. C. Armstrong
 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 completed wells.