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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.

Operator <i>Ralph Lowe</i>	
Address <i>PO Box 832, Midland, Texas 79701</i>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
Other (Please explain) <i>Well Completed in Permian 5/23/67. First Sale of Casinghead Gas 11/8/68.</i>	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Mescalero State</i>	Well No. <i>1</i>	Pool Name, including Formation <i>Mescalero Permian Penn</i>	Kind of Lease <i>State, Federal or - 065545</i>
Location			
Unit Letter <i>F</i>	<i>1980</i>	Feet From The <i>North</i>	Line and <i>2310</i>
Line of Section <i>27</i>		Township <i>10-S</i>	Range <i>32-E</i>
		NMPM, <i>Lea</i>	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"/> <i>Texas New Mexico Pipe Line Co.</i>	Address (Give address to which approved copy of this form is to be sent) <i>PO Box 1510, Midland, Texas 79701</i>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Warren Petroleum Corp.</i>	Address (Give address to which approved copy of this form is to be sent) <i>PO Box 1589, Tulsa, Okla. 74102</i>		
If well produces oil or liquids, give location of tanks.	Unit <i>F</i>	Sec. <i>27</i>	Twp. <i>10-S</i>
		Rge. <i>32-E</i>	Is gas actually connected? <i>Yes</i>
			When <i>11-8-68</i>

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.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					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
Testing Method (pilot, 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.

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *John W. Runyan*
TITLE _____

This form is to be filed in compliance with RULE 104

If this is a request for allowable for a newly drilled or recompleted well, this form must be accompanied by a tabulation of all tests taken on the well in accordance with RULE 104.

All sections of this form must be filled out completely on new and recompleted wells.

Fill out Sections I, II, III, and VI only for well name or number, or transporter, or such.

Separate Forms C-104 must be filed for each recompleted well.