

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

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 QUADRUPPLICATE 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 5 calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Midland, Texas September 19, 1960
(Place) (Date)

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

Ralph Lowe Stearns, Well No. 1, in SE 1/4 NW 1/4,
(Company or Operator) (Lease)
F, Sec. 27, T. 10-S., R. 32-E., NMPM., Undesignated Pool
Unit Letter

Lea County Date Spudded 7-26-60 Date Drilling Completed 9-9-60

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 4341 D.F. Total Depth 9807 PBTD 9797 D.O.

Top Oil/Gas Pay 9781 Name of Prod. Form. Devonian

PRODUCING INTERVAL -

Perforations 9781-9791 with 4 shots per ft.

Open Hole none Depth Casing Shoe 9807 Depth Tubing 9780

OIL WELL TEST -

Natural Prod. Test: none bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 245 bbls. oil, no bbls water in 24 hrs, 0 min. Size 10/64 Choke

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 gal mud acid

Casing Tubing Date first new Press. PKR Press. 225 oil run to tanks September 17, 1960

Oil Transporter Texas New Mexico Pipe Line Company

Gas Transporter

Remarks: Gvly. 15.9 - G.C.P. 100/1

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

Approved SEP 20 1960, 19

Ralph Lowe
(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]

By: J. L. Watson
(Signature)

Title Agent

Send Communications regarding well to:

Title

Name Ralph Lowe

Address Box 832, Midland, Texas