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U.S.G.S.
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

1. **NAME OF OWNER**
Ralph Lowe
Box 822, Midland, Texas 79701
Reason(s) for filing (Check proper box)
☐ New Well ☐ Change in Transporter of:
☐ Pool completed ☐ Oil ☐ Dry Gas
☐ Production well completed ☐ Casinghead Gas ☐ Condensate
Other (Please explain)
First Filing for Transporter of Casinghead Gas

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State "D"</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Vadua, Penn etc</u>	Kind of Lease State, Federal or Fee <u>State</u>
Location Unit Letter <u>L</u> <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>16</u> , Township <u>9-S</u> Range <u>34-E</u> , N.M.M., <u>Lea</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>Pac American Pet. Corp. - Trucks</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1725, Midland, Texas</u>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 1589, Tulsa, Okla. 74102</u>		
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>16</u>	Twp. <u>9-S</u>
	Rge. <u>34-E</u>	Is gas actually connected? <u>yes</u>	When <u>Oct 3, 1967</u>

If this production is commingling 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 (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)

Line First Flow of Prod. 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

Length of Test	Date of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. during test, back prod.	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.

Ralph Lowe
(Signature)
Agent
(Title)
Oct 5, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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.