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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISS.
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

OCT 11 07 AM '67

Operator Ralph Lowe	
Address Box 832, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Showing Gas Connection Date.	

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

Lease Name State "D"		Well No. 2	Pool Name, Including Formation Vada (Penn) Ext.	Kind of Lease State, Federal or Fee State
Location				
Unit Letter E	2130	Feet From The North	Line and 660	Feet From The West
Line of Section 16	Township 9-S	Range 34-E	NMPM, Leiv	County

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Pan American Pet. Corp. - Trucks		Box 1725, Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Warren Petroleum Corp.		Box 1589, Tulsa, Okla. 74102		
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 16	Twp. 9-S	Rge. 34-E
			Is gas actually connected? Yes	When Oct 3, 1967

If this production is commingling with that from any other lease or pool, give commingling order number: _____

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			R.E.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 First Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prod. back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19 _____	
BY _____		TITLE _____	
This form is to be filed in compliance with Rule _____		If this is a request for allowable for a newly well, this form must be accompanied by a tabular tests taken on the well in accordance with Rule _____	
All sections of this form must be filled able on new and recompleted wells.		Fill out Sections I, II, III, and VI or well name or number, or transporter, or other	
Separate Forms C-104 must be filed for completed wells.			

Tom Murray
(Signature)
Agent
(Title)
October 5, 1967
(Date)