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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

Operator Ralph Lowe
 Address PO Box 832, Midland, Texas 79701
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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

I. DESCRIPTION OF WELL AND LEASE ~~UNDESIGNATED~~ 151 67 9
 Lease Name Speight Well No. 1 Pool Name, including Formation Vada (Penn.) Kind of Lease Fee
 Location Vada-Pennsylvanian K-3731
 Unit Letter L ; 510 Feet From The West Line and 1980 Feet From The South
 Line of Section 7 , Township 9-S Range 35-E , NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Service Pipe Line Company Address (Give address to which approved copy of this form is to be sent)
3411 Knoxville Ave. Lubbock, Texas 79603
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Warren Petroleum Company Address (Give address to which approved copy of this form is to be sent)
Box 1589 Tulsa, Oklahoma 74102
 If well produces oil or liquids, give location of tanks. Unit L Sec. 7 Twp. 9-S Rge. 35E Is gas actually connected? No When Soon

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>X</u>	<u>X</u>		<u>X</u>					
Date Spudded <u>1/30/69</u>	Date Compl. Ready to Prod. <u>3/29/69</u>	Total Depth <u>9855</u>	P.B.T.D.					
Pool <u>Vada (Penn)</u>	Name of Producing Formation <u>Bought Penn</u>	Top Oil/Gas Pay <u>9796</u>	Tubing Depth <u>8500'</u>					
Perforations <u>9802-9810</u>	Depth Casing Shoe <u>9355'</u>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/4</u>	<u>15 3/8</u>	<u>400</u>	<u>400 pipe</u>
<u>11</u>	<u>8 5/8</u>	<u>4060</u>	<u>1600 pipe</u>
<u>7 5/8</u>	<u>5 1/2</u>	<u>9855</u>	<u>850</u>
	<u>2 3/8</u>		

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 <u>3/29/69</u>	Date of Test <u>3/30/69</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>-</u>	Casing Pressure <u>-</u>	Choke Size <u>-</u>
Actual Prod. During Test	Oil - Bbls. <u>432</u>	Water - Bbls. <u>800</u>	Gas - MCF <u>475</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

622 Murray
 agent
 (Signature)
 (Title)
March 31, 1969
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY [Signature]
 TITLE SUPERVISOR DISTRICT

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.