

NO. OF COPIES RECEIVED

DISTRIBUTION

SANTA FE

FILE

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

AUG 10 32 AM '69

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

Operator

RALPH LOWE

Address

P. O. BOX 832, MIDLAND, TEXAS 79701

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

| | | | | | | | | |
|-----------------|--------|----------|---------------|--------------------------------|--------------|---------------|-----------------------|--------|
| Lease Name | Barnes | Well No. | 1 | Pool Name, including Formation | Vada (Penn.) | Kind of Lease | State, Federal or Fee | Fee |
| Location | | | | | | | | |
| Unit Letter | H | 1980 | Feet From The | North | Line and | 660 | Feet From The | East |
| Line of Section | 7 | Township | 9-S | Range | 35-E | NMPM, | Lea | County |

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | | |
|---|---------------------------|--|---------------------------------------|------|----------------------------|---------|--|
| Name of Authorized Transporter of Oil (X) or Condensate | Service Pipe Line Company | Address (Give address to which approved copy of this form is to be sent) | 3411 Knoxville, Lubbock, Texas 79413 | | | | |
| Name of Authorized Transporter of Casinghead Gas (X) or Dry Gas | Warren Petroleum Company | Address (Give address to which approved copy of this form is to be sent) | P. O. Box 1589, Tulsa, Oklahoma 74102 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When | |
| | H | 7 | 9-S | 35-E | Yes | 7/24/69 | |

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. |
| 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-MMCFD | 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.

Agent

8/1/69

OIL CONSERVATION COMMISSION

APPROVED

AUG 4 1969

BY

John W. Runyan

TITLE

Geologist

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.