KICO OIL CONSERVATION COMMI. ON Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE 000

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 QUADRUPLICATE to the same District Office to which Form G-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 calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

| ito the stock | tanks. Gas | must be repo | widland, Texas October 9, 1956 |
|---------------|-------------------|--------------------|--|
| | | | (Place) (Date) |
| E ARE HE | REBY RI | EQUESTING | G AN ALLOWABLE FOR A WELL KNOWN AS: |
| Ralph Low | m #1 I | td. Azte | c-Adamson , Well No, in |
| (Comp | pany or Ope | erator) | T128, R38E, NMPM.,Undesignated |
| (Unit) | | | • |
| | Lea | • | County. Date SpuddedIuly14,1956, Date Completed.October6,1956 |
| Please | indicate l | ocation: | |
| | | | Elevation3879. D.F Total Depth12,108, P.B12,090 |
| | | | Top oil/gas pay12,004 Top of Prod. FormDevonion |
| | | | Casing Perforations: 12004-12032 or |
| | \times | | Depth to Casing shoe of Prod. String12107. |
| | | ! | Natural Prod. Test |
| : | | | based onbbls. Oil inHrsMins. |
| | | | Test after acid or shot3168BOPD |
| Casing a | and Cemen Feet | ting Record Sax | Based on792bbls. Oil in6 |
| | _ | | Gas Well Potential |
| 13 3/8 | 358 | 500 | Size choke in inches. 3/4" choke-csg., pkr., tbg. 220# |
| 8 5/8 | 4500 | 2000 | Date first oil run to tanks or gas to Transmission system: October 6, 1956 |
| | | | Date first oil run to tanks or gas to Transmission system. |
| 5 1/2 | 12107 | 1250 | Transporter taking Oil or Gas: Magnelia Pipe Line Company |
| 2 3/8 | 12019 | <u> </u> | |
| | 0/ | R-200:1. | Gty 47.2 corr. |
| | P | ref. 6 hol | es perft. |
| | | | |
| I herel | oy certify | that the info | Gaion given above is true and complete to the best of my knowledge. |
| Approved | 1, 71 |) juli | , 19 Relph Lowe (Company or Operator) |
| | |) | |
| O1 | il goysi | ERVATION | COMMISSION By: (Signature) |
| D | (" | . M. | Title Office Manager Send Communications regarding well to: |
| Ву: | | Engrice | Send Communications regarding well to: |
| Title | | | Name Ralph Lowe |
| | | | Address Box 832, Midland, Texas |