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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
MAY 17 11 29 AM '68

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. OPERATOR	
Ralph Lowe	
Address PO 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"/>
Change in Township <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE	
Lease Name U. U. Wallace	Well No. Pool Name, Including Formation 2 Gladiola (Derogian)
Kind of Lease State, Federal or Fee Fee	
Location	
Unit Letter B	330 Feet From The North Line and 1654.62 Feet From The East
Line of Section 6	Township 12-S Range 38-E NMPM, Lea 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"/> Mobil Pipe Line Corp.	Address (Give address to which approved copy of this form is to be sent) Dallas, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 1529, Tulsa, Okla. 74102
If well produces oil or liquids, give location of tanks.	Unit H
	Sec. 6
	Twp. 12
	Rge. 38
	Is gas actually connected? Yes
	When 4/1/68

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

IV. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well
Date Spudded	Date Compl. Ready to Prod.
Pool	Name of Producing Formation
Perforations	Top Oil/Gas Pay
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 Flow - Run To Tanks	Date of Test
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Actual Flow - During Test	Tubing Pressure
	Casing Pressure
	Choke Size
	Oil - Bbls.
	Water - Bbls.
	Gas - MCF

GAS WELL	
Actual Flow - During Test	Length of Test
Producing Method (Flow, pump, gas lift, etc.)	Bbls. Condensate/MMCF
	Gravity of Condensate
	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 John W. Runyan	
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	