

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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 C-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 new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Midland, Texas August 26, 1957
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Ralph Lowe U. U. Wallace Well No. 3 in SW 1/4 NE 1/4,
(Company or Operator) (Lease)
G Sec 6 T 12-S R 38-E NMPM, North Gladiola Pool
Unit Letter

Lea County Date Spudded June 14, 1957 Date Drilling Completed Aug. 19, 1957

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 3889 D.F. Total Depth 12010' PBD 12007'

Top Oil/Gas Pay 11989' Name of Prod. Form. Devonian

PRODUCING INTERVAL -

Perforations 11989-12001 w/ 6 shots per ft.

Open Hole None Depth Casing Shoe 12010 Depth Tubing 11999

OIL WELL TEST -

Natural Prod. Test: None bbls.oil, bbls water in hrs, min. Choke Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 390 bbls.oil, 0 bbls water in 6 hrs, 0 min. Choke Size 3/4"

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 Mud Acid

Casing Tubing Date first new Press. PKR Press. 165 oil run to tanks 8-23-57

Oil Transporter Magnolia Pipe Line Company

Gas Transporter None

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8	355	425
8-5/8	4440	2100
5 1/2	12,010	1310
2	11,999	

Remarks: Grty 47.1

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: 19

Ralph Lowe

(Company or Operator)

OIL CONSERVATION COMMISSION

By:

(Signature)

By:

Title Agent

Send Communications regarding well to:

Title

Name Ralph Lowe

Address Box 832. Midland. Texas