

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
KNOX INDUSTRIES, INC.

Address
P. O. Box 3023, Midland, Texas 79702

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Other (Please explain) <i>Cancel Sw Gladida Devonian</i>
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

If change of ownership give name and address of previous owner _____ THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name LOWE	Well No. 1-A	Pool Name, including Formation Gladiola Wolfcamp	Kind of Lease State, Federal or Fee Fee	Lease No. 8356
Location Unit Letter A ; 554 Feet From The North Line and 554 Feet From The East Line of Section 34 Township 12-S Range 37-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"/> Amoco Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 1411 Knoxville Ave., Lubbock, TX 79413
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks. Unit A Sec. 34 Twp. 12S Rge. 37E	Is gas actually connected? Yes When February, 1965

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Anna L. Kroer
(Signature)
Sept. Production
(Title)
1931/88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY *Jerry Sexton*
ORIGINAL SIGNED BY JERRY SEXTON
TITLE **DISTRICT I SUPERVISOR**

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 only Sections I, II, III, and VI 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D. 9673'			
Elevations (DF, RKB, RT, GR, etc.) 3911 DF	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9630'			Tubing Depth 8007' KB			
Perforations 9630 to 35' - 9635 to 50' - 9654 to 60' - 9670 to 76'						Depth Casing Shoe 12,226			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
15"		13-3/8		348			350		
9-3/8"		8-5/8		4481			350		
7-7/8"		5-1/2		12,226 w/125 sks DV tool			9900 w/ 200 sks		
		2-7/8		8007					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 10/20/88	Date of Test 10/31/88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 50#	Choke Size -
Actual Prod. During Test 100 bbls	Oil - Bbls. 50	Water - Bbls. 50	Gas - MCF 20

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

100