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DISTRIBUTION		L.	<u> </u>
SANTA FE			
FILE		_	
U.S.G.S.		<u> </u>	
LAND OFFICE		_	
IRANSPORTER	OIL		
	GAS		
OPERATOR			\bot
PROBATION OFFICE			

April 6, 1970 (Date)

 -	DISTRIBUTION SANTA FE FILE	REQUEST FO	SERVATION COMMISSION R ALLOWABLE .ND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
	U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GA	S			
1.	OPERATOR PRORATION OFFICE Operator	-					
	Mallard Exploration	, Inc.					
	1306 V & J Tower, Midland, Texas 79701 Other (Please explain)						
Ī	Reason(s) for filing (Check proper box)	Change in Transporter of:	Change of Operator				
	New We!l Recompletion	Oil Dry Gas	Effective 4-1-70				
ĺ	Change in Ownership Casinghead Gas Condensate						
1	If change of ownership give name Mallard Petroleum, Inc., 1206 V & J Tower, Midland, Texas 79701 and address of previous owner Mallard Petroleum, Inc., 1206 V & J Tower, Midland, Texas 79701						
11.	II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No.						
	Lease Name Lowe 1 Southwest Gladiola Devoniar tate, Federal or Fee Fee						
	Location	North	and 554 Feet From T	e East			
	Unit Letter A : 554 Feet From The 1555						
	Line of Section 34 Township 12-S Range 37-E , NMPM, Lea County						
Ш.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)			
	Service Pipeline Com	oany Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent;			
	Name of Authorized Transporter of Cas Warren Petroleum Cor	noration	P.O. Box 1589, Tulsa, C	klahoma 74102			
	If well produces oil or liquids,	Unit Sec. Twp. H.ge.	Is gas actually connected? Whe Yes	February, 1965			
	give location of tanks.	A 34 12 37					
IV.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, g	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completion	OII HOII		1			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	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			
	HOLE SIZE						
				and must be squal to or exceed top allow-			
V	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af able for this de	fter recovery of total volume of load out pth or be for full 24 hours) Producing Method (Flow, pump, gas l	and must be equal to or exceed top allow-			
	OII, WELL Date First New Oil Run To Tanks	OII. WELL Date First New Oil Run To Tanks Date of Test Producing N		.jr, etc.,			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
			Water-Bb.s.	Gas - MCF			
	Actual Prod. During Test	Oil-Bbls.					
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
		OUL CONSERVATION COMMISSION		ATION COMMISSION			
1	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.		ARR 16 19/4 19				
			BY Approved				
\$1			TITLE SUMPLISOR DISTRIC				
	, , , , , , , , , , , , , , , , , , , ,			The form is to be filed in compliance with RULE 1104.			
	/(Kume le	I Munson Enature) Wayne A. Munson	If this is a request for allowable for a newly drilled or deepened 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 well, this form must be accompanied with RULE 111.				
			tests taken on the well in about the filled out completely for allow				
	Production Superintendent (Title)		able on new and recompleted wells.				

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. Senarate Forms C-104 must be filed for each pool in multiply