

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 June 13, 1958
(Place) (Date)

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

Ralph Lowe Hair, Well No. 2, in NE 1/4 NW 1/4,
(Company or Operator) (Lease)

C, Sec. 30, T. 24-S, R. 38-E, NMPM., Dollarhide Drinkard Pool
Unit Letter

Lea County. Date Spudded May 7, 1958 Date Drilling Completed June 4, 1958

Please indicate location:

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

Elevation 3156 DF Total Depth 6910 PBD 6909

Top Oil/Gas Pay 6614 Name of Prod. Form. Clearfork

PRODUCING INTERVAL -

Perforations 6652-6710, 6632-6648 & 6614-6626 w/4 holes per ft.

Open Hole None Depth Casing Shoe 6910 Depth Tubing 6875

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): 105 bbls. oil, 60 bbls water in 24 hrs, 0 min. Choke Pump

GAS WELL TEST - 1 1/2 X 16 Oil Master Pump 12 S.P.M.

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): 10,000 gal. acid

Casing Tubing Date first new Press. oil run to tanks June 12, 1958

Oil Transporter Texas New Mexico Pipe Line Company

Gas Transporter NEW EL Paso Natural Gas Company

Remarks:

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: B. F. Montgomery

Title

By: W. A. Taylor

(Signature)

Title: Agent

Send Communications regarding well to:

Name: Ralph Lowe

Address: Box 832, Midland, Texas