

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 QUADRUPPLICATE 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
(Place)

April 7, 1965
(Date)

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

The Pure Oil Company State-Lea "A", Well No. 4, in SE $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)
F 10, Sec. 10, T. 16-S, R. 35-E, NMPM., Townsend Wolfcamp Pool
Unit Letter Lea Workover Began 3-11-65 Workover Completed 4-5-65
Date Spudded 4-1-54 Date Drilling Completed 6-9-54

Please indicate location:

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

Elevation 4,014' Gr. Total Depth 10,641' PBTD 10,490'
Top Oil/Gas Pay 10,252' Name of Prod. Form. Wolfcamp (Upper)

PRODUCING INTERVAL -

Perforations 10,252'-10,260' and 10,360'-10,364'
Open Hole Depth 10,639' Casing Shoe Depth 10,198'
Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 85 bbls. oil, Trace bbls water in 24 hrs, _____ min. Size Prodg.

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>11-3/4"</u>	<u>386</u>	<u>450</u>
<u>8-5/8"</u>	<u>4,700</u>	<u>2,700</u>
<u>5-1/2"</u>	<u>10,639</u>	<u>375</u>
<u>2-7/8"</u>	<u>10,198</u>	<u>-</u>

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): 2,000 gals. 15% DS-30 Acid & 7,500 gals. 15% Dolotrol retarded Acid.
Casing Tubing Date first new
Press. _____ Press. _____ oil run to tanks 4-4-65 (since workover)

Oil Transporter Texas-New Mexico Pipeline Company

Gas Transporter Warren Petroleum Corporation

Remarks: _____

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

Approved APR 12 1965, 19_____

The Pure Oil Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: J. F. Wilkinson
(Signature) J. F. Wilkinson

By: _____

Title: District Office Manager

Title: _____

Send Communications regarding well to:

Name: The Pure Oil Company

Address: P. O. Box 671 - Midland, Texas 79701

Handwritten signature or scribble at the bottom of the page.