

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

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

(Place)

4-20-59

(Date)

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

The Pure Oil Company
(Company or Operator)

State-Lea "E"
(Lease)

Well No. 3, in NE $\frac{1}{4}$ SE $\frac{1}{4}$,

I
Unit Letter

Sec. 21

T. 16-S

R. 34-E

NMPM,

Kennitz-Wolfcamp

Pool

Lea

County. Date Spudded 2-20-59

Date Drilling Completed 4-11-59

Please indicate location:

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

Elevation 4998' SCF Total Depth 10765' FBTD 10737'

Top Oil/Gas Pay 10712' Name of Prod. Form. Wolfcamp

PRODUCING INTERVAL -

Perforations 10712'-10726'

Open Hole - Depth Casing Shoe 10764' Depth Tubing 10631'

OIL WELL TEST -

Natural Prod. Test: _____ 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): 223 bbls. oil, - bbls water in 18 hrs, - min. Choke Size 18/64"

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>371'</u>	<u>375'</u>
<u>8-5/8"</u>	<u>3852'</u>	<u>1200</u>
<u>5-1/2"</u>	<u>10764'</u>	<u>800</u>
<u>2 "</u>	<u>10631'</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): 500 gals. mud acid

Casing Tubing Date first new Press. 1000# Press. 1300# oil run to tanks 4-17-59

Oil Transporter Gulf Refining Company

Gas Transporter Phillips Petroleum Co.

Remarks: _____

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

Approved _____, 19____

The Pure Oil Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: W. E. Jounsen

(Signature)

Title Chief Clerk

Send Communications regarding well to:

Name The Pure Oil Company

Address Box 2107 - Fort Worth 1, Texas

Title _____