## NEW EXICO OIL CONSERVATION COMM SION Santa Fe, New Mexico

(Norm 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.

				Hidland, Texas (Place)	July 10, 1958 (Date)	
E ARE I	HEREBY R	EQUESTI	NG AN ALLOWABLE F	OR A WELL KNOWN A	S:	
e Pure	011 Camp	any	State-Les "F		, in	
(Co	mpany or Op	crator)	(Leas	c)		
Unit La			, T <b>10-0</b> , R <b>22</b> -4	, NMPM.,	ignated Pool	
Lei		· · · · · · · · · · · · · · · · · · ·	County. Date Spudded.	1- 6-58 Date I	Drilling Completed 5-10-50	
Plea	se indicate	ocation:	Elevation 3881 SCF	Total Depth	1235: FBTD 89351	
D C	СВ	A	Top Oil/Gas Pay879	Name of Frod. 1	orm. Loonard	
	0 13		PRODUCING INTERVAL -		A reach of	
			Perforations 87951	to 8820' with 100 sh	ote	
E	F G	H		Donth	Depth Tubing 87121	
			OIL WELL TEST -			
L	K J	I		bble oil bbl	Choke	
					s water inhrs,min. Size	
MI	NO	P O			y of volume of oil equal to volume of Choke ter in 24 hrs,min. Size	
				CDIS WAY	ter in the nrs, 🗰 min. Size 👄	
			GAS WELL TEST -			
			- Natural Prod. Test:	MCF/Day; Hours	flowedChoke Size	
ibing ,Cas	sing and Com	enting Reco	🕅 Method of Testing (pitot	, back pressure, etc.):		
Size	Feet	Sax	Test After Acid or Fract	ure Treatment:	MCF/Day; Hours flowed	
	25.5	400	Choke SizeMeth	od of Testing:		
11 3/4	355	400				
8 5/8	3799	800			used, such as acid, water, oil, and	
/.	1.0.01		sand): 500 gallons Casing Tubing	Date first new	<u> </u>	
5 1/2	10,815	435	-		6-12-58	
			Gil Transporter The P	ure 011 Gempany (Tru		
	<u> </u>	·····	Gas TransporterHOR	0		
marks :		•••	••••••••••		······································	
•••••••••••••••••		••••••				
	••••••					
I herel	by certify th	at the info	rmation given above is tr	ue and complete to the best o	of my knowledge.	
proved			, 19	The Pure Oil		
		. '		(n)	npany or Operator)	
OI	L CONSEI	RVATION	COMMISSION	By:	(Signature)	
			111	Title Chief Glerk		
-OL	TLA	ng h	ult		nications regarding well to:	
tle				Name The Pure 011 Company		
				Name		
				Address Box 2107 - 1	fort Worth 1, Texas	