

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

4-11-59

(Place)

(Date)

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

The Pure Oil Company - South Vacuum Unit

Well No. 1-26, in SW 1/4 SW 1/4,

(Company or Operator)

H, Sec. 26, T. 18-S, R. 35-E, NMPM, South Vacuum Devonian Pool

Unit Letter

Lea

County. Date Spudded. 2-6-59

Date Drilling Completed 4-6-59

Please indicate location:

Elevation 3876' SCF Total Depth 11756' FBTD 11728'

Top Oil/Gas Pay 11611' Name of Prod. Form. Devonian

PRODUCING INTERVAL -

Perforations 11611'-11639'

Open Hole - Depth 117558' Depth 11544' Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: 235 bbls. oil, - bbls water in 6 hrs, - min. Choke Size 10/64"

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): - bbls. oil, - bbls water in - hrs, - min. Choke Size

GAS WELL TEST -

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): None

Casing Tubing Date first new 4-11-59  
Press. Packer Press. 925 oil run to tanks

Oil Transporter Texas-New Mexico Pipe Line Co.

Gas Transporter Phillips Petroleum

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. Townsend*

(Signature)

Title: Chief Clerk

Send Communications regarding well to:

Name: The Pure Oil Company

Address: Fort Worth 1, Texas

By: *John W. Kuyper*

Title: \_\_\_\_\_