

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 April 20, 1960
(Place) (Date)

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

The Pure Oil Company Reeves "A" Well No. 4-26 in NE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)
K Sec. 26 T. 18-S R. 35-E NMPM, Devonian Pool
Unit Letter (South Vacuum Devonian)
Lea County. Date Spudded 2-10-60 Date Drilling Completed 4-11-60

Please indicate location:

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

Elevation 3861' SCF Total Depth 11,730' FBTD 11,728'

Top Oil/Water Pay 11,658' Name of Prod. Form. Devonian

PRODUCING INTERVAL -

Perforations 11,658'-11,696'

Open Hole - Depth 11,730' Depth Casing Shoe 11,597'

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): 221 bbls. oil, _____ bbls water in 10 hrs, _____ min. Choke Size 16/64"

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>451</u>	<u>475</u>
<u>8-5/8"</u>	<u>3802</u>	<u>1288</u>
<u>5-1/2"</u>	<u>11730</u>	<u>170</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 gal BD acid and 1500 gal XM-38 acid

Casing Q# Flr Tubing _____ Date first new _____

Press. 6000 oil run to tanks 4-18-60

Oil Transporter Texas-New Mexico Pipe Line Co.

Gas Transporter None

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: _____

By: W. E. Townsend
(Signature)

Title _____

Title Chief Clerk
Send Communications regarding well to:

Name The Pure Oil Company

Address Box 671 - Midland, Texas