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 & 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 October 17, 1959
			(Place) (Date)
e Pure	Oil Comp	any any	ING AN ALLOWABLE FOR A WELL KNOWN AS: South Vacuum Unit 1-27 NE SE
I (C	ompany or O	perator) 27	$18-S \qquad \begin{array}{c} 18-S \\ 35-E \\ T \\ \end{array}, R \\ \end{array}, NMPM., South Vacuum (Devonian) \\ Point Point \\ Point$
Unit L Lea	etter	C	P
Ples	se indicate	location	B-2-59 Date Drilling Completed 10-7-59 Elevation
			Top Oil/Gas PayName of Frod. Form. Devonian
D	СВ	A	PRODUCING INTERVAL -
E	FG	H	Perforations Depth Depth Depth Depth Depth Tubing
L	K J	I	<u>OIL WELL TEST</u> -
		0	Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
M	N O	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to vol
			GAS WELL TEST -
	•		Natural Prod. Test:MCF/Day; Hours flowedChoke Size
bing ,Ca	sing and Cem	enting Reco	Method of Testing (pitot, back pressure, etc.):
Size	Feet	Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed
11-3/4	454	525	Choke SizeMethod of Testing:
8-5/8	3805	1150	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
5 - 1/2	11754	550	500 gallons break down acid Sand): Casing1000# Tubing1600# Date first new Press. 0il run to tanks Oil Transporter Oil Transporter
2	11576		
		<u> </u>	Gas Transporter Phillips Petroleum Company
marks:		··· -···	
· • • • • • • • • • • • • • • • • • • •		••••••••••••••••••	
I heret proved	by certify th	at the info	ormation given above is true and complete to the best of my knowledge. The Pure Oil Company 19
	I CONCER	0CT 1	(Company or Operator)
	E GONSEI	CVATION	COMMISSION By: (Signature)
- 10		Cie,	Title Chief Clerk
·····	÷,,,		Send Communications regarding well to:
e	~	Ú.	The Pure Oil Company
			Name Box 671 Midland, Texas
			Address