## REQUEST FOR (OIL) - (GAS) ALLOWABLE CO

New Well Recompletion

This form shall be submitted by the operator before an initial allowal still 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

			·		Midland, Texas		1-28-59		
E AOE 1	UEDEBV I	DEOLIEST.	INC AN ALLOW	ADIE FOR	(Place)	NOTIFE A		(Date)	
e ARE I	Oil Com	KEQUEST. M <b>anv</b>	ING AN ALLOW South Vacuum	ABLE FOR	CA WELL K	NOWN AS:	ME	. WL	
(Ca	ompany or O	perator)		(Lease)	, Well No	, in	. <b> </b>	4	
C Unit L	, Sc	c35	South Vacuum	R 35-E	, NMPM.,	Undesignate	L ,	Pool	
Lea			County. Date S	Spudded	1-10-58	Date Drilling	Completed	1-20-59	
Please indicate location:						1 Depth 117251			
D	C B	A	Top Oil/Gas Pay	11592	NameName	of Prod. Form.	Devonian		
	0		PRODUCING INTER	VAL -					
	F G	H	Perforations_	11592					
	1 4	1 "	Open Hole		Dept Casi	n ng Shoe 11724'	Depth Tubing	11523'	
			OIL WELL TEST -						
L	K J	I	Natural Prod. Te	est: <b>261</b>	bbls.oil,	• tbls water i	n <b>12</b> hrs.	Choke	
						er recovery of volu			
М	N O	P				bbls water in		Chaka	
			GAS WELL TEST -					min. 512e	
	. <u>.</u>								
ning Cas	ing and Cem	enting Reco	_			Day; Hours flowed _			
Size	Feet Sax					tc.):			
	1		į.			MCI		flowed	
3-3/8	437	450	Choke Size	Method	of Testing:				
-5/8	3800	1300	Acid or Fracture	Treatment (	Give amounts of	f materials used, su	uch as acid, v	water, oil, and	
<u>,-,,                                  </u>	7000	1,000	sand): None						
-1/2	11724	416	Casing Press. <b>Of</b>	Tubing Press. <b>30</b>	Date first Of oil run to	: new o tanks <u>1–27–59</u>	)		
			Oil Transporter	Texas-	New Mexico	Pipe Line Com	102707		
!	11523	<u> </u>	Gas Transporter_						
narks:									
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					• • • • • • • • • • • • • • • • • • • •				
I hereb	y certify th	at the info	rmation given abo	ve is true a	nd complete to	the best of my kno	wledge.		
roved		•••••	,	19	The	Pure Oil Comp			
					1,	(Company or C	perator)	/	
OI	L CONSE	RVATION	COMMISSION		By:	(Signatu	re)		
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dymin/k	: <del>{      </del>	halanda ja	the state of the s	2		d Communications	regarding we	ell to:	
<b></b>		.,				Pure Oil Com			
							T. T		
					Address Box	2107 - Fort	worth 1.	Texas	