

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.

Farmington, New Mexico
(Place)

5-16-62
(Date)

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

The Atlantic Refining Co.
(Company or Operator)

Well No. 2, in NW 1/4 NE 1/4,

(Lease)

B Sec. 30, T. 25N, R. 10W, NMPM., Dist-Lower Gallup Pool

Unit Letter

San Juan

County. Date Spudded 10-22-59

Date Drilling Completed 11-18-59

Please indicate location:

Elevation 6577.6 GL Total Depth 5190 FBTD 5160

Top Oil/Gas Pay 5107 Name of Prod. Form. Lower Gallup

PRODUCING INTERVAL -

Perforations 5107-5113 5122 - 5136

Open Hole None Depth 5189 Casing Shoe 5189 Depth 5139.96 Tubing

OIL WELL TEST -

Natural Prod. Test: None bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 52 bbls. oil, _____ bbls water in 2 1/2 hrs, _____ min. Size _____ Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size Feet Sax

8 5/8	238.10	225
4 1/2	5189	350
2 3/8	3139.96	

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

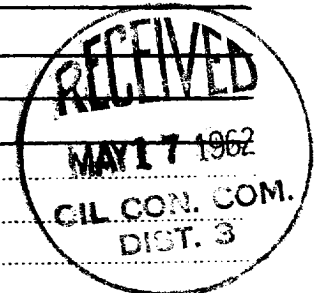
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 G.1 Mud Acid & 60 bbls lease crude

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks 5-5-59

Oil Transporter Four Corners Pipe Line Co.

Gas Transporter El Paso Natural Gas Co.

Remarks: TA Well 12-8-60



I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved May 17 1962, 19.....

The Atlantic Refining Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed by W. B. Smith

Title DEPUTY OIL & GAS INSPECTOR DIST. NO. 3

By: B. J. Sartain
(Signature)

Title Drilling & Production Supervisor
Send Communications regarding well to:

Name.....

Address.....

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