

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 QUADRUPPLICATE 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.

Casper, Wyoming 4-23-59
(Place) (Date)

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

The Atlantic Refining Co. Uta, Well No. 2, in SW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)
M San Juan Sec. 35, T. 31N, R. 16W, NMPM., Undersigned Korsoshae & Co. Pool
Unit Letter

San Juan County. Date Spudded 4-3-59 Date Drilling Completed 4-11-59
Elevation 5560 OL Total Depth 1633 PBD 1539

Please indicate location:

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

Top Oil/Gas Pay 11.72 Name of Prod. Form. Gallup

PRODUCING INTERVAL -

Perforations 11.72-11.77 and 11.85-15.02
Open Hole None Depth 1574 Casing Shoe 1574 Depth 1506.51 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): 55.03 bbls. oil, 0 bbls water in 15 hrs, 0 min. Size 11" Choke

GAS WELL TEST - rate limited due to pump capacity plunger

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>2 7/8</u>	<u>1506.51</u>	
<u>4 1/2</u>	<u>1574</u>	<u>240</u>
<u>8 5/8</u>	<u>98.98</u>	<u>115</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): See Remarks

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks 4-22-59

Oil Transporter McWood Corporation

Gas Transporter _____

Remarks: Treated perforations 11.72-11.77 and 11.85-15.02 with 100,000# 10/20 sand and 27,216 gallons lease crude. Average injection rate 40 BPM and average injection pressure 2000#.

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

Approved April 23, 19 59

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

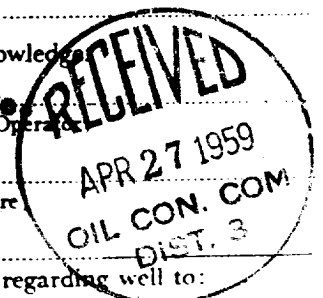
The Atlantic Refining Co.
(Company or Operator)

By: [Signature]
(Signature)

Title District Clerk
Send Communications regarding well to:

Name The Atlantic Refining Co.

Address Box 520, Casper, Wyoming



OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received	2	
DISTRIBUTION		
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Operator	✓	
Santa Fe	✓	
Proration Office	✓	
State Land Office		
U. S. G. S.		
Transporter		
File	✓	✓