

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
(Place)

1-22-59
(Date)

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

The Atlantic Refining Co. Navajo, Well No. 18, in SE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

N, Sec. 30, T. 31N, R. 16W, NMPM, Horseshoe Gallup Pool
Unit Letter

San Juan

County. Date Spudded. 1-6-59 Date Drilling Completed 1-11-59
Elevation 5517 GL Total Depth 1357 PBD 1329

Please indicate location:

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

Top Oil/Gas Pay 1196 Name of Prod. Form. Gallup

PRODUCING INTERVAL -

Perforations 1196-1198, 1206-1230, 1286-1288, 1297-1308

Open Hole None Depth 1345.02 Casing Shoe 1313.04 Depth 1313.04 Tubing

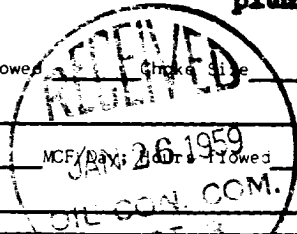
OIL WELL TEST -

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): 99.88 bbls. oil, 0 bbls water in 17 hrs, _____ min. Size 1 1/2" plunger Choke

GAS WELL TEST -

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



Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>2 3/8</u>	<u>1313.04</u>	
<u>5 1/2</u>	<u>1345.02</u>	<u>130</u>
<u>8 5/8</u>	<u>105</u>	<u>115</u>

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

Test After Acid or Fracture Treatment: _____

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. _____ oil run to tanks 1-20-59

Oil Transporter McWood Corporation

Gas Transporter _____

Remarks: Treated perforations 1297-1308 and 1286-1288 with 15,000# 10/20 sand and 16,422 gallons lease crude, Average injection pressure 1150# at 32BPM. Treated perforations 1206-1230 and 1196-1198 with 15,000# 10/20 sand and 12,490 gallons lease crude. Average injection pressure 1800# at 28BPM.

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

Approved: JAN 26 1959, 19.....

The Atlantic Refining Co.
(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]
(Signature)

Original Signed Emery C. Arnold
By: _____

Title District Clerk
Send Communications regarding well to:

Title Supervisor Dist. # 3

Name The Atlantic Refining Co.

Address Box 520, Casper, Wyoming

OIL CONSERVATION COMMISSION

ARIZONA DISTRICT OFFICE

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