

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..... 8-16-63
(Place) (Date)

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

THE ATLANTIC REFINING COMPANY..... HAVAJO....., Well No. 17-4....., in LW..... 1/4..... SE..... 1/4.....
(Company or Operator) (Lease)

J....., Sec. 27....., T. 31N....., R. 16W....., NMPM, near Locks Gallup..... Pool
Unit Letter

San Juan..... County. Date Spudded 7-10-63..... Date Drilling Completed 7-12-63.....
Elevation 5679 GL..... Total Depth 1840'..... PBTD 1779'.....
Please indicate location:

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

Top Oil/Gas Pay 1609'..... Name of Prod. Form. Gallup (Lower Niobrara)

PRODUCING INTERVAL -

Perforations 1740-1748 and 1609-1613.....

Open Hole None..... Depth..... Casing Shoe 1811.68..... Tubing 1739.....

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 Choke
load oil used): 40..... bbls. oil, 0..... bbls water in 24..... hrs, 0..... min. Size Pump

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
3-5/8	93.12	80
4-1/2	1600.18	100
2-3/8	1739	

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. 15 psi..... Press. Pump..... oil run to tanks 8-15-63

Oil Transporter McLeod Corporation.....

Gas Transporter None.....

Remarks: 1740-48: Sand oil fracture 250 gal mud acid followed by 12,000# 16/20 sd. and 2000# 3/12 glass beads in 22,000 gal lease crude. 1609-13: S.O.F. 200 gal mud acid followed by 15,000# 20/40 sd. & 1500# 3/12 glass beads in 20,320 gal. lease crude

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

Approved AUG 1 9 1963....., 19..... THE ATLANTIC REFINING COMPANY
(Company or Operator)

OIL CONSERVATION COMMISSION

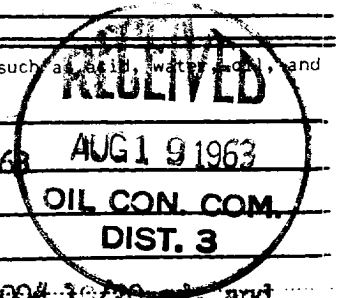
Original Signed By

By: A. R. KENDRICK..... Title: Drilling & Production Supervisor

Title PETROLEUM ENGINEER DIST. NO. 3..... Send Communications regarding well to:

Name: The Atlantic Refining Co.,

Address: 1000 Pecos St., Gallup, N.M.



STATE OF TEXAS		
OIL COMMISSION		
ARTIFICIAL LIFT		
NUMBER OF DEEPS REQUIRED		2
SANTA FE		
FILE		
U.S. NO.		
LAND AREA		
TRANSMITTER	OIL	
	GAS	
PRODUCTION		
OPERATOR		