

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

12-22-58

(Date)

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

Well No. **2**, in **SE** $\frac{1}{4}$ **SE** $\frac{1}{4}$,

(Lease)

P....., Sec. **84**....., T. **14-S**....., R. **37-E**....., NMPM, **Denton - Devonian**..... Pool
(Unit)

Loc.....County. Date Spudded.....**6-24-62**....., Date Completed.....**12-21-62**.....

Please indicate location:

X

Elevation 3822' DF Total Depth 12,600', P.B. _____

Top oil/gas pay 12,536' Top of Prod. Form. 12,475'

Casing Perforations: Open Hole or

Depth to Casing shoe of Prod. String. **12,536'**

Natural Prod. Test. **1458** BOPD

based on 350 bbls. Oil in 6 Hrs. --- Mins.

Test after acid or shot... **Not Acidized** BOPD

Based on.....bbls. Oil in.....Hrs.....Mins.

Gas Well Potential.....

Size choke in inches. 24/64"

Date first oil run to tanks or gas to Transmission system: **12-21-52**

Transporter taking Oil or Gas: Service Pipe Line Company

Remarks:

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

Approved....., 19.....

The Atlantic Refining Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Norman Cass

(Signature)

By: [Signature]

Title.....**District Superintendent**.....

Send Communications regarding well to:

Title _____

Name.....**Norman A. Carr**.....

Address P. O. Box 1088, Denver City, Texas