

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.

Casper, Wyoming
(Place)

5-18-59
(Date)

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

The Atlantic Refining Co.
(Company or Operator)

(Lease)

Well No. 47, in SW $\frac{1}{4}$ NE $\frac{1}{4}$,

Sec. 30, T. 31N, R. 16W, NMPM., Norcross Gallup Pool

San Juan

County. Date Spudded 4-24-59

Date Drilling Completed 5-13-59

Please indicate location:

Elevation 5553.6

Total Depth 1462 PBD 1467

Top Oil/Gas Pay 1266

Name of Prod. Form. Gallup

PRODUCING INTERVAL -

Perforations 1266-1292 and 1390-1409

Open Hole None

Depth

Casing Shoe 1456.74

Depth

Tubing 1409.59

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 138.34 bbls. oil, 0 bbls water in 8 hrs, 0 min. Choke Size _____

GAS WELL TEST - swab test

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

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 5-16-59

Oil Transporter El Paso Natural Gas Products Co.

Gas Transporter _____

Remarks: Treated perforations 1390-1409 with 20,000# 10/20 sand and 7465 gals lease crude. Average treating pressure 1450# at 27.2 BPM. Treated perforations 1266-1292 with 30,000# 10/20 sand and 10,100 gals lease crude. Average treating pressure 1350# at 29.0 BPM.

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

Approved MAY 21 1959, 19____

The Atlantic Refining Co.

(Company or Operator)

By: R.P. Curry
(Signature)

Title District Clerk

Send Communications regarding well to _____

Name The Atlantic Refining Co.

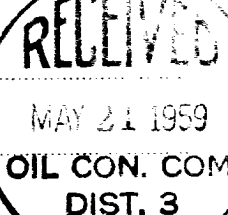
Address Box 520, Casper, Wyoming

OIL CONSERVATION COMMISSION

Original Signed Emery C. Arnold

By: _____

Title Supervisor Dist. # 3



OIL CONSERVATION COMMISSION		
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