

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.

Roswell, New Mexico 10/10/61
(Place) (Date)

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

The Atlantic Refining Company Carlson Federal Well No. 2, in N.E. 1/4 SE 1/4
(Company or Operator) (Lease)

d Unit Letter, Sec. 23, T. 25 - S, R. 37 - E, NMPM, Justis Hlinebry Pool

Lea County. Date Spudded 7-28-61 Date Drilling Completed 8-24-61
Elevation 3078 G.L. Total Depth 6032 FBTD 6011

Please indicate location:

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

Top Oil/Gas Pay 5066 Name of Prod. Form. Hlinebry

PRODUCING INTERVAL -

Perforations 5312-5351' 5372-5386'
Open Hole _____ Depth _____ Depth _____
Casing Shoe 6050.40 Tubing 5354.17'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 54 bbls. oil, 51 bbls water in 24 hrs, 0 min. Size 24/64

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>9 5/8"</u>	<u>923.33'</u>	<u>500</u>
<u>7" & 7 5/8"</u>	<u>6039.24'</u>	<u>800</u>
<u>2"</u>	<u>5344.59'</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): 20,000 gallons 15% IFTNE Acid

Casing _____ Tubing _____ Date first new _____
Press. Flr Press. 241 oil run to tanks 10-4-61

Oil Transporter Ferdian Corporation

Gas Transporter El Paso Natural Gas

Remarks: This is a request for an allowable on the Hlinebry phase of a dually completed well (Tub/Dri-Hlinebry)

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

Approved October 11, 1961

The Atlantic Refining Company
(Company or Operator)

By: A.D. Klein
(Signature) A.D. Klein

OIL CONSERVATION COMMISSION

Title District Production & Drilling Supervisor
Send Communications regarding well to:

Name The Atlantic Refining Company

Address Box 1978 Roswell, New Mexico

Title _____

1. The first part of the document discusses the importance of maintaining accurate records of all transactions.

2. It is essential to ensure that all entries are supported by appropriate documentation.

3. Regular audits should be conducted to verify the accuracy of the records.

4. The second part of the document outlines the procedures for handling discrepancies.

5. Any errors identified during the audit process should be promptly investigated.

6. The findings of the audit should be reported to the appropriate authorities.

7. It is also important to maintain a clear and organized filing system for all records.

8. The final part of the document provides a summary of the key points discussed.

9. In conclusion, maintaining accurate records is crucial for the success of any organization.

10. The following table provides a detailed breakdown of the data collected during the audit.

11. The data shows a significant increase in revenue over the period covered by the audit.

12. This increase is primarily due to the implementation of new marketing strategies.

13. The audit also identified areas where costs can be reduced to improve profitability.

14. These findings will be used to inform future business decisions and strategic planning.

15. The audit report is available for review upon request.

16. Thank you for your attention and cooperation throughout the audit process.

17. Your feedback is highly valued and will help us improve our services.

18. We look forward to continuing our partnership with you.

19. Sincerely,
[Signature]

20. [Name]
[Title]

21. [Address]
[City, State, Zip]

22. [Phone Number]
[Email Address]

23. [Date]