

# 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.

Demwell, New Mexico

January 25, 1963

(Place)

(Date)

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

The Atlantic Refining Company, Garpo Federal, Well No. 1, in Sec. 1/4, T. 18S, R. 27E, NMPM, Pool

(Company or Operator)

(Lease)

Unit Letter

Edy

County. Date Spudded 11-27-62

Date Drilling Completed 12-3-62

Please indicate location:

Elevation 7576 ft. Total Depth 2274 PBD 2310

Top Oil/Gas Pay 2125 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 1 for Shot @ 2125', 2152', 2187', 2207', 2239', 2247'

Open Hole Depth 2274 Casing Shoe 2176 Depth Tubing 2067'

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): 15 bbls, oil, 45 bbls water in 24 hrs, 0 min. Size 1 1/2" x 24" x 80'

GAS WELL 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): Acidized w/3000 gal ISTHC acid & 3000 gal water & 30,000 20-40 sand.

Casing Tubing Date first new 60,000 20-40 sand, Press. 201 Press. Pump oil run to tanks 1-22-63

Oil Transporter The Petroleum Corporation

Gas Transporter Vented temporarily pending sales outlet

Tubing, Casing and Cementing Record

Size Feet Sak

10-3/4"	20'	21.43
7"	1455'	51.5
4-1/2"	2374'	180
2"	2067'	

Remarks: \_\_\_\_\_ RECEIVED

JAN 26 1963

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

Approved: \_\_\_\_\_, 19. \_\_\_\_\_

The Atlantic Refining Company O. C. C. ARTESIA, OFFICE  
(Company or Operator)

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title: \_\_\_\_\_

By: \_\_\_\_\_ S. D. Klein  
(Signature)

Title: District Drilling & Production Superintendent

Send Communications regarding well to:

Name: The Atlantic Refining Company

Address: P.O. Box 1978, Demwell, New Mexico

# OIL CONSERVATION COMMISSION

## ARTESIA DISTRICT OFFICE

No. Copies Received **4**

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**NEW MEXICO OIL CONSERVATION COMMISSION**  
**SANTA FE, NEW MEXICO**  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION**  
**TO TRANSPORT OIL AND NATURAL GAS**

**FORM C-110**  
 (Rev. 7-60)

**FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE**

Company or Operator <i>The Atlantic Refining Company</i> ✓				Lease <i>Common Federal E</i>		Well No. <i>1</i>	
Unit Letter <i>F</i>	Section <i>1</i>	Township <i>18N</i>	Range <i>27E</i>	County <i>Adair</i>			
Pool <i>Sed Lake</i>				Kind of Lease (State, Fed, Fee) <i>Federal</i>			
If well produces oil or condensate give location of tanks			Unit Letter <i>F</i>	Section <i>1</i>	Township <i>18N</i>	Range <i>27E</i>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>  <i>The Petroleum Corporation</i>				Address (give address to which approved copy of this form is to be sent)  <i>P.O. Box 3119, Midland, Texas</i>			
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>			Date Connected	Address (give address to which approved copy of this form is to be sent)			

If gas is not being sold, give reasons and also explain its present disposition:

*Partial temporarily pending sales outlet*

**REASON(S) FOR FILING (please check proper box)**

New Well ..... ☒ Change in Ownership ..... ☐  
 Change in Transporter (check one) Other (explain below)  
 Oil ..... ☐ Dry Gas ..... ☐  
 Casing head gas ..... ☐ Condensate ..... ☐

**RECEIVED**

Remarks

**JAN 26 1966**

**O. C. C.**  
**ARTESIA, OFFICE**

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 25th day of January, 1966.

**OIL CONSERVATION COMMISSION**

Approved by

Title

Date

By

Title

Company

Address

*M. L. Armstrong*  
**OIL AND GAS INSPECTOR**

*A. D. Florin*  
**A. D. Florin**  
**District Production & Drilling Superintendent**  
**The Atlantic Refining Company**  
**P. O. Box 1778, Roswell, New Mexico 89201**

**JAN 26 1966**