

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 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.

Farmington, New Mexico
(Place)

8/29/61
(Date)

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

The Atlantic Refining Company State Gas Unit B, Well No. 1, in SE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)
N, Sec. 16, T. 29 N, R. 10 W, NMPM., Basin Dakota Pool
Unit Letter

San Juan

County. Date Spudded 6-28-61 Date Drilling Completed 7-19-61
Elevation 5619' Tubing Head Total Depth 6544 PBD 6513

Please indicate location:

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

Top Oil/Gas Pay 6365 Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6502-6485', 6479-6474', 6463-6459', 6433-6420', 6384-6365'

Open Hole None Depth 6543 Casing Shoe 6513 Depth 6357 Tubing

OIL WELL TEST -

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

GAS WELL TEST -

Natural Prod. Test: None MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 2914 AOF MCF/Day; Hours flowed 3

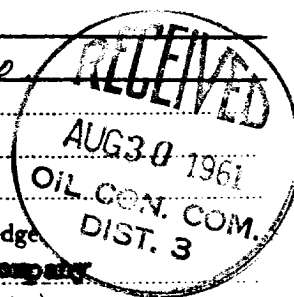
Choke Size 3/4 Method of Testing: One point back pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 900 gal. MSA acid, 125,000# 20/40 sand, 175,160 gal. water
Casing _____ Tubing _____ Date first new _____
Press. 3300 Press. _____ oil run to tanks _____

Oil Transporter Pyramid Oil Inc.

Gas Transporter Southern Union Gas Co

Remarks: This well will be connected in about 60 days.



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

Approved AUG 30 1961, 19____

The Atlantic Refining Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: B. J. Sartain
(Signature)

Title District Foreman

Send Communications regarding well to:

Name The Atlantic Refining Company

Address P. O. Box 2197, Farmington, New Mexico

By: (Original Signed) Emery C. Arnold

Title Supervisor Dist. # 3

STATE OF NEW MEXICO	
OIL CONSERVATION COMMISSION	
COUNTY OF SANTA FE	
NUMBER OF COPIES RECEIVED	
DATE	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
PRODUCTION OFFICE	GAS
OPERATOR	