NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

REQUEST FOR (OIL) - (CAS) 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

					Casper, Wyon	ing W	Nevember 18, 1959		
					(Place)			(Date)	
ARE HI	ereby ri	EQUESTI	ING AN ALL	OWABLE FOR	R A WELL KNOW!	N AS:	16.7	@ \$	
(Com	DANY OF One	rator)	T	₩₩₹₩	, Well No	?, in		/4,	
L	Sec	33	T. 311	R 160	, NMPM., Ho	rseshoe-Ga	llup	Pool	
Unit Late	•								
San Ja			County. D	ate Spudded	11-6-59	te Drilling C	mpleted 11	10-59	
Please	indicate lo	ocation:	Elevation	1799	Name of Pro	h 4381	PBTD_	1270	
D C	В	A	Top Oil/Gas	Pay	Name of Pr	od. Form.	ALTERN TO	· ····································	
			PRODUCING I		//	_			
E F	· G	H	Perforation	` `	56 and 1242-125		Docth		
_ •		"	Open Hole	Tone	Depth Casing Sho	<u> 1315</u>	Depth Tubing	1258	
			OIL WELL TE	<u>st</u> -					
LK	J	I	Natural Pro	od. Test:	bbls.oil,	bbls water in	hrs.	Choke min. Size	
			Test After	Acid or Fracture	Treatment (after rec	overv of volum	e of oil equ	al to volume of	
M N	0	P	load oil ne	sed): 62-67 49	ols. oil. 8 bbl	s water in	hre.	Choke	
				DATO FO	st fellowing re	covery of	leed off.	Size	
		<u></u> .	GAS WELL TE						
· · · · · · · · · · · · · · · · · · ·			_		MCF/Day; H		Chole	The	
bing ,Casi Sure	ng and Gemei Feet		Method of T	esting (pitot, h	pack pressure, etc.):_	·····	\{\f\	Hin /	
	1	- JAX	Test After	Acid or Fracture	Treatment:	MCF,	Date Office	Nowed 1000	
-5/8"	95.65	115	Choke Size_	Method	of Testing:		12.	50 1920	
-J/2*	130h_83	150	Acid or Fra	cture Treatment	(Give amounts of mater	rials used, suc	th as acid. w	CO giland	
	~~~~		sand).	See R_marks	(Give amounts of mater		/ OIL	DIST.	
-1/2 "Re	g.1251.4	3	Casing	Tubing	Date first new oil run to tanks	11-18-	*		
					oil run to tanks			<del></del>	
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	ected se	rfarati	Gas Transpo	rter	10-20 sand in ]	6 000	10000	amda Ta	
narks:	7004	kwa. to	deting num	79004	Away dadaadda	make 21 1	7.2 . ATAST	W.W. 4 . 7 . 7 . 7 . 7 . 7 . 7 . 7 . 7 . 7	
O AN I	L-13-33.	Troute	d poet. 11	28-1156 w/2	Avg. injection ,000, 19-20 say	id in 10.0		sm.complete lease erode	
	THE 24	gtroe	ting-press:	170 1900 <b>)</b> ,	res. inj. rate i	y byk, jel	o complet	* 2 PH 11-1	
I hereby	certify that	at the infe	ormation given	above is true	and complete to the b	est of my kno	wledge.		
proved		NOV	195 <b>9</b>	, 19	The Itlantic	Company or C	perator)		
				<b></b>		, - ·	•		
OIL	. CONSER	VATION	COMMISSI	ON	Ву:	(Signatur	e)		
Orig	tinal Sign	ned Em	ery C. Am	nold					
Original Signed Emery C. Arnold					Title Send Communications regarding well to:				
supervisor Dist. # 3					Name The Atlantic Refining Co.				
					Address Bex 520	, Casper,	iyoming	i	

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