

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)

3-21-61
(Date)

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

The Atlantic Refining Co. UTE, Well No. 11, in SE $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)
F, Sec. 35, T. 31N, R. 16W, NMPM, Horseshoe-Gallup Pool
Unit Letter

San Juan

County. Date Spudded 3-4-61 Date Drilling Completed 3-8-61
Elevation 5647.0' G.L. Total Depth 1770' PBTD 1608'
Top Oil/Gas Pay 1568' Name of Prod. Form. Gallup

Please indicate location:

D	<u>2105'</u>	B	A
E	<u>2105'</u>	G	H
L	K	J	I
M	N	O	P

PRODUCING INTERVAL -

Perforations Notches at 1568' and 1571'
Open Hole _____ Depth _____ Casing Shoe 1646.39' Depth _____ Tubing 1574.88'

OIL WELL TEST -

Natural Prod. Test: None bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 68.33 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 1-1/2" plgr. Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8-5/8</u>	<u>99.67</u>	<u>110</u>
<u>4-1/2</u>	<u>1646.39</u>	<u>150</u>
<u>2-3/8</u>	<u>1574.88</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): "See Remarks"

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks 3-17-61

Oil Transporter McWood Corporation

Gas Transporter _____

Remarks: Treated notches at 1568' and at 1571' with 250 gals. mud acid and with 29,730 gals. lease crude containing 50,000# 10/20 sand. Average treating pressure 900# at 37 EFM.

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

Approved MAR 23 1961, 19____

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

The Atlantic Refining Co.
(Company or Operator)

By: L.B. Kelly
(Signature)

Title District Superintendent
Send Communications regarding well to:

Name L.B. Kelly - TARCO

Address Box 520 - Casper, Wyoming

STATE OF NEW MEXICO	
OIL COM. REG. DIV. - DENVER	
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NUMBER OF COPIES - 100	
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