

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.

Casper, Wyoming
(Place)

10-8-58

(Date)

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

The Atlantic Refining Co. Navajo Well No. 3, in SE 1/4 SW 1/4,
(Company or Operator) (Lease)

Unit 7 Letter 32, Sec. 32, T. 31 N, R. 16 W, NMPM, Horseshoe - Gallup Pool

San Juan

County. Date Spudded 9-25-58 Date Drilling Completed 9-30-58

Please indicate location:

Elevation ground 5373.3 Total Depth 1300' PBTD 1272'

Top Oil/Gas Pay 1114 Name of Prod. Form. Gallup

PRODUCING INTERVAL -

Perforations 1117' - 1153' + 1235' - 1262'

Open Hole None Depth 1299' Casing Shoe 1299' Depth 1754.39 Tubing

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): 135 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 1 1/2" plunger

GAS WELL TEST - Rate limited to pump capacity

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): See remarks

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks 10-7-58

Oil Transporter McWood Corporation

Gas Transporter _____

Remarks: Treated perforations 1235-1262 with 10,000 gals. lease crude plus 5000# 20/40 sand and 5000# 10/20 sand. Maximum and Minimum treating pressure 600#. Average injection rate 47BPM. Treated perforations 1117-1153 with 10,000 gals. of lease crude plus 5000# 20/40 sand. Treating pressure 600-800#. Average injection rate 15BPM.

Approved DCI 1.0 1958, 19.

The Atlantic Refining Co.
(Company or Operator)

By: [Signature]
(Signature)

Title Dist. Supt.

Send Communications regarding well to:

Name The Atlantic Refining Co.

Address Box 520, Casper, Wyoming

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Supervisor Dist. # 3

Title _____

OIL CONSERVATION COMMISSION
AZTEC DISTRICT OFFICE

No. Copies Received 7

DISTRIBUTION

	NO. FURNISHED	
Operator	<u>4</u>	
County En.	<u>1</u>	
Corporation Engrs.	<u>1</u>	
State Land Office		
J. S. G. C.		
Transporter		
File	<u>1</u>	<input checked="" type="checkbox"/>

U. S. GOVERNMENT