

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)

12-10-58
(Date)

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

The Atlantic Refining Co. Navajo Well No. 20 in SE NE 1/4 1/4,
(Company or Operator) (Lease)

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

San Juan County. Date Spudded 11-30-58 Date Drilling Completed 12-5-58
Elevation 5360 ft. Total Depth 1335 PBD 1303

Please indicate location:

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

Top Oil/Gas Pay 1165 Name of Prod. Form. Gallup

PRODUCING INTERVAL -

Perforations 1147-1183, 1273-1290
Open Hole None Depth 1332.01 Depth 1294.38
Casing Shoe 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): 278.23 bbls. oil, 0 bbls water in 13 hrs, _____ min. Choke Size 1 1/2" plunger

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Size
<u>2 3/8</u>	<u>1294.38</u>	
<u>5 1/2</u>	<u>1332.01</u>	<u>130</u>
<u>8 5/8</u>	<u>101.32</u>	<u>115</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 12-9-58

Oil Transporter McLeod Corporation

Gas Transporter _____

Remarks: Treated perforations 1273-1290 with 12,000# 10/20 sand and 10,000 gal base crude. Average treating pressure 850# at 26 BPM. Treated perforations 1147-1183 with 12,000# 10/20 sand and 9600 gal base crude. Average treating pressure 850# at 36 BPM.

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved Dec. 11- _____, 19 58 The Atlantic Refining Co.
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

By: _____
(Signature)

Title District Clerk
Send Communications regarding well to:

Name The Atlantic Refining Co.

Address Box 52, Casper, Wyoming

OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received		<u>2</u>
DISTRIBUTION		
	NO. FURNISHED	
Operator	<u>4</u>	
Santa Fe	<u>1</u>	
Proration Office	<u>1</u>	
State Land Office		
U. S. G. S.		
Transporter		
File	<u>1</u>	<input checked="" type="checkbox"/>