

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)

5-25-59
(Date)

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

The Atlantic Refining Co. Navajo, Well No. 37, in NE 1/4 NE 1/4,
(Company or Operator) (Lease)

A, Sec. 32, T. 31N, R. 16W, NMPM, Kearnshee Gallup Pool
Unit Letter

San Juan County. Date Spudded 5-2-59 Date Drilling Completed 5-19-59
Elevation 5385.5 GL Total Depth 1388 PBD 1345

Please indicate location:

D	C	B	<u>660</u>
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay 1181 Name of Prod. Form. Gallup

PRODUCING INTERVAL -

Perforations 1181-1186, 1196-1212 & 1309-1318

Open Hole None Depth 1380.45 Casing Shoe 1287.24 Depth 1345 Tubing

OIL WELL TEST -

Natural Prod. Test: None 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): 92.63 bbls. oil, 0 bbls water in 24 hrs, 0 min. Choke Size 1 1/2"

GAS WELL TEST - Rate limited due to pump capacity plunger

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 5-24-59

Oil Transporter El Paso Natural Gas Products

Gas Transporter _____

Remarks: Treated perforations 1309-1318 with 30,000# 10/20 sand and 11,881 gals lease crude. Average treating pressure 1200# at 31.6 BPM. Treated perforations 1181-1186 and 1196-1212 with 51,500# 10/20 sand and 18,698 gals lease crude. Average treating pressure 1400# at 29.6 BPM

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

Approved MAY 28 1959, 19____

The Atlantic Refining Co.
(Company or Operator)

By: R.P. Curry
(Signature)

Title District Clerk
Send Communications regarding well OH CON. COM. DIST. 3

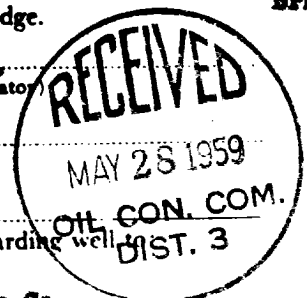
Name The Atlantic Refining Co.

Address Box 520, Casper, Wyoming

OIL CONSERVATION COMMISSION

By: Original Signed Emory C. Arnold

Title Supervisor Dist. # 3



OIL CONSERVATION COMMISSION

ATTN: DIST. ACT OFFICE

100-443887-7

1. DISTRIBUTION

RECEIVED
JAN 10 1964

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[illegible]

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