

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)

10-21-58
(Date)

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

The Atlantic Refining Co.
(Company or Operator)

Paraiso, Well No. 5, in SE $\frac{1}{4}$ SE $\frac{1}{4}$,

P, Sec. 30, T. 31 N, R. 16 W, NMPM, Horseshoe Gallup Pool
Unit Letter

San Juan

County. Date Spudded 10-6-58

Date Drilling Completed 10-10-58

Please indicate location:

Elevation 5152.5 GL

Total Depth 1370 FBTD 1327

Top Oil/Gas Pay 1163

Name of Prod. Form. Gallup

PRODUCING INTERVAL -

Perforations 1165-1201, 1282-1306

Open Hole None

Depth 1370 Casing Shoe 1319.06

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

GAS WELL TEST - Rate limited to pump capacity.

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

Tubing, Casing and Cementing Record

Method of Testing (pitot, back pressure, etc.): _____

Size Feet Sax

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 Press. _____ Date first new oil run to tanks 10-18-58

Oil Transporter McWend Corporation

Gas Transporter _____

Remarks: Treated perforations 1282-1306 with 10,000 gals. lease crude and 12,000# 10/20 sand. Final treating pressure 1200%. Average injection rate 36 BPM. Treated perforations 1165-1201 with 10,000 gal. lease crude & 12,000# 10/20 sand. Final treating pressure 1000%. Average injection rate 37 BPM.

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved OCT 24 1958, 19

The Atlantic Refining Co.
(Company or Operator)

By: [Signature]
(Signature)

Title District Superintendent

Send Communications regarding well to:

OIL CONSERVATION COMMISSION

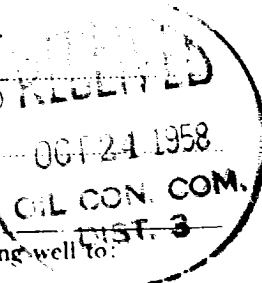
By: Original Signed Emery C. Arnold

Supervisor Dist. # 3

Title _____

Name The Atlantic Refining Co.

Address Box 520, Casper, Wyoming



OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
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Transporter		
File	<u>1</u>	<input checked="" type="checkbox"/>