

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

June 1, 1959

(Place)

(Date)

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

The Atlantic Refining Co.

Navajo

Well No. **60**

in **SW**

SW

(Company or Operator)

(Lease)

M, Sec. **30**, T. **31N**, R. **16W**, NMPM., **Horseshoe Gallup** Pool

Unit Letter

San Juan

County. Date Spudded **5-15-59**

Date Drilling Completed **5-25-59**

Please indicate location:

Elevation **5554.6 GL** Total Depth **1386** PBDT **1323**

Top Oil/Gas Pay **1224** Name of Prod. Form. **Gallup**

PRODUCING INTERVAL -

Perforations **1224-1260, 1305-1311**

Open Hole **None** Depth **1352.88** Depth **1281.67**
Casing Shoe 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): **45.30** bbls. oil, **0** bbls water in **13** hrs, **4** min. Choke Size **1 1/4" plunger**

GAS WELL TEST -

Rate limited due 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 **6-1-59**

Oil Transporter **El Paso Natural Gas Products**

Gas Transporter _____

Remarks: **Treated perforations 1305-1311 with 20,000# 10/20 sand and 12,600 gals lease crude. Average treating pressure 2000# at 25.3 BPM. Treated perforations 1224-1260 with 50,000# 10/20 sand and 21,840 gals lease crude. Average treating pressure 1700# at 30.4 BPM.**

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

Approved: **JUN 5 1959**, 19____

The Atlantic Refining Co.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: **Original Signed Emery C. Arnold**

Title **Supervisor Dist. # 3**

By: **P. P. Curry** **JUN 5 1959**

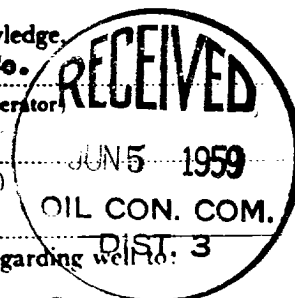
(Signature)

Title **District Clerk** **OIL CON. COM.**

Send Communications regarding well to: **3**

Name **The Atlantic Refining Co.**

Address **Box 20, Casper, Wyoming**



FEDERAL INFORMATION COMMISSION		
DISTRICT OFFICE		
NAME	2	
ADDRESS		
CITY		
STATE		
ZIP		
DATE	3	
TIME	1	
BY		
FOR	1	✓