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TRANSPORTER	OIL GAS
OPERATOR	2
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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MAR 23 1965

I. Operator: The Atlantic Refining Company **O. C. C.**
 Address: P.O. Box 1978, Bernalillo, New Mexico 88201 **ARTESIA, OFFICE**
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of: Oil Dry Gas
 Recoming location Change in Ownership Other (Please explain): Flow well in Indian Basin Upper Pennsylvanian Gas Pool per #0000 under # 12870

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
<u>Wolf Canyon Unit</u>	<u>2</u>	<u>Indian Basin-Upper Pennsylvanian</u>	State, Federal or Fee <u>State</u>
Location: Unit Letter <u>0</u> , <u>360</u> Feet From The <u>North</u> Line and <u>800</u> Feet From The <u>East</u> Line of Section <u>4</u> , Township <u>22N</u> Range <u>24E</u> , NMPM, <u>State</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
					<u>Gas in the well, producing Indian Basin</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<u>X</u>	<u>X</u>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.R.T.D.					
<u>5-25-64</u>	<u>6-25-64</u>	<u>7700</u>	<u>7600</u>					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>Upper Indian Basin-Penn Gas</u>	<u>Upper Penn Gas</u>	<u>7650</u>	<u>7600</u>					
Perforations						Depth Casing Shoe		
<u>7570-7600 w/2 85WF (120 holes)</u>						<u>7700</u>		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2</u>	<u>13 3/8</u>	<u>3000</u>	<u>320</u>
<u>12</u>	<u>8 5/8</u>	<u>7600</u>	<u>1000</u>
<u>7 7/8</u>	<u>4 1/2</u>	<u>7700</u>	<u>300</u>
	<u>2 3/8</u>	<u>7600</u>	

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>4.40</u>	<u>4 hrs</u>	<u>11.8</u>	<u>61.2</u>
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
<u>Back Pressure</u>	<u>2370F</u>	<u>2370F</u>	<u>18/64F</u>

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature] C. A. Bretcher
 District Drilling Supervisor
 March 22, 1965
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED MAR 23 1965, 19
 BY M. L. Armstrong
 TITLE Oil and Gas Inspector

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.