

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.

Roswell, New Mexico
(Place)

3/25/64
(Date)

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

The Atlantic Refining Company State AD, Well No. 2 in SE 1/4 SW 1/4,
(Company or Operator) (Lease)
N, Sec. 2, T. 9-S, R. 36-E, NMPM., Undesignated Abs. Pool

Lea

County. Date Spudded 4/27/54 Date Drilling Completed 7/30/54
Elevation 4062 FT Total Depth 9611 FTD 8991
Top Oil/Gas Pay 8976 Name of Prod. Form. Abs

Please indicate location:

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

PRODUCING INTERVAL -

Perforations 8976-96
Open Hole None Depth Casing Shoe 9329.08' Depth Tubing 8896.46'

OIL WELL TEST -

Natural Prod. Test: None bbls. oil, bbls water in hrs, min. Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 69 bbls. oil, 14 bbl's water in 24 hrs, 0 min. Size 3yd. Pump

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size Feet Sax

13 3/8	435	350
9 5/8	4186	3000
5 1/2	9797	600
2 7/8	8887	

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): 500 gal. mud acid; 1500 gal. 14% HCl acid.

Casing Tubing Date first new

Press. Pk. Press. 0 oil run to tanks 3/14/64

Oil Transporter Magnolia Pipe Line Company

Gas Transporter Vented Temporarily

Remarks:

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

Approved: 304, 19

The Atlantic Refining Company
(Company or Operator)

By: O. D. Brotonos O. D. Brotonos
(Signature)

OIL CONSERVATION COMMISSION

By: [Signature]
Title: Engineer

Title: District Drilling Supervisor
Send Communications regarding well to:

Name: The Atlantic Refining Company

Address: Box 1978, Roswell, New Mexico