

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.

Boesell, New Mexico January 26, 1965
(Place) (Date)

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

The Atlantic Refining Company Marra Federal, Well No. , in NE 1/4 SW 1/4,
(Company or Operator) (Lease)
K, Sec. 12, T. 8E, R. 30E, NMPM, Indian Reservation Pool
Unit Letter

Chaves County. Date Spudded 12-23-61 Date Drilling Completed 1-20-65
Please indicate location: Elevation 1122 IF Total Depth 6001 FBD 3966

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

Top Oil/Gas Pay 8922 Name of Prod. Form. Permianian

PRODUCING INTERVAL -

Perforations 8931-36 & 8941-47 Sol. w/ 100
Open Hole _____ Depth _____ Depth _____
Casing Shoe 975.02 Tubing 8369.45

OIL WELL TEST -

Natural Prod. Test: _____ 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): 108 bbls. oil, 0 bbls water in 1 hrs, 0 min. Size 22 1/2"

GAS WELL TEST -

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): 500 gal. Breakdown acid

Casing _____ Tubing _____ Date first new
Press. Per. Press. 600 oil run to tanks 1-23-65

Oil Transporter The Jordan Corporation

Gas Transporter Varied temporarily pending sales outlet

Remarks: I had run it 80 sec.

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

Approved _____, 19____ The Atlantic Refining Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Joe L. Ramsey Title District Production & Drilling Supervisor

Title _____ Send Communications regarding well to:

Name The Atlantic Refining Company

Address P. O. Box 1973, Roswell, New Mexico 88201