NEW M. XICO OIL CONSERVATION COMM..... ON
Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Denver City, Texas   February 13, 1956
(Place)   (Date)

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

The Atlantic Refining Company   Federal Dew , Well No. 1 , in NE ¼ NW ¼,
(Company or Operator)   (Lease)
C , Sec. 5 , T. 16-S , R. 37-E , NMPM., Undesignated Pool
(Unit)

Lea County. Date Spudded 8:00 A.M. 9-25-56, Date Completed 10:30 P. M. 2-10-56

Please indicate location:

	X		

Unit C of Sec. 5

Casing and Cementing Record

Size	Feet	Sax
13-3/8	365.37	300
8-5/8	4955.76	2300
5½	13752.30	370
2½	11537.87	

Elevation 3849 (GL) Total Depth 13,770 , P.B. 12,501

Top oil/gas pay 11,536 (Schl. Mea.) Name of Prod. Form. Penn. (Strawn)

Casing Perforations: 11,536-11,564 (Schlm. Mea.) w/4 jet shots/ft. or

Depth to Casing shoe of Prod. String 13,769.70

Natural Prod. Test _____ BOPD

based on _____ bbls. Oil in _____ Hrs. _____ Mins.

Test after acid or shot 426.24 _____ BOPD

Based on 124.31 bbls. Oil in 7 Hrs. 0 Mins.

Gas Well Potential _____

Size choke in inches ¾

Date first oil run to tanks or gas to Transmission system: 2-10-56

Transporter taking Oil or Gas: Texas-New Mexico Pipe Line Company

Remarks: _____

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

Approved FEB 13 1956 , 19____

The Atlantic Refining Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

By: _____
(Signature)

Title _____

Title Norman A. Carr
Dist. Superintendent

Send Communications regarding well to:

Name Norman A. Carr

Address Box 1038, Denver City, Texas