

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion
~~XXXXXXXXXX~~

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)

2-18-63
(Date)

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

The Atlantic Refining Co. (Company or Operator) State G (Lease), Well No. 3, in SE $\frac{1}{4}$ SW $\frac{1}{4}$,

N 5 Sec. 5, T. 21S, R. 36E, NMPM., Junice Pool

Lea County. Date Spudded 1-2-63 Date Drilling Completed 1-24-63
Elevation 3572 GL Total Depth 3948 PBD 2200

Please indicate location:

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

Top Oil/Gas Pay 3782 Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations _____

Open Hole 3782-3948 Depth Casing Shoe 3782.18 Depth Tubing 3815.83

OIL WELL TEST -

Natural Prod. Test: _____ 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): 30 bbls. oil, 3 bbls water in 24 hrs, 0 min. Choke Size 2 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): Treated 3782-3948 w/750 gallons of 15% LONE HCL Acid
Casing Tubing _____ Date first new _____
Press. 20 Press. 20 oil run to tanks 2-15-63

Oil Transporter Atlantic Pipe Line Co.

Gas Transporter Phillips Petroleum Company

Remarks:

Rod Pumping equipment installed 2-1-63

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: _____

By: D. D. [Signature]

Title District Drilling Supervisor
Send Communications regarding well to:

Title _____

Name The Atlantic Refining Company

Address P.O. Box 1978, Roswell, New Mexico

ILLEGIBLE