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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND HUBBS OFFICE O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
MAY 5 9 53 AM '66

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

I. Operator
The Atlantic Refining Company
Address
P. O. Box 1978, Roswell, New Mexico 88201
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
P & A Fusselman zone & recompleted in Blinebry. Well is now a Blinebry Tubb Drk. Dual.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Carlson Federal	Well No. 1	Pool Name, Including Formation Justis Blinebry	Kind of Lease State, Federal or Fee Federal
Location Unit Letter K ; 2309 Feet From The West Line and 2310 Feet From The South Line of Section 25 , Township 25S Range 37E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas					
If well produces oil or liquids, give location of tanks. K 25 25S 37E	Unit K	Sec. 25	Twsp. 25S	Rge. 37E	Is gas actually connected? yes	When 5-1-66

If this production is commingled with that from any other lease or pool, give commingling order number: R-1347

IV. COMPLETION DATA

Designate Type of Completion - (X) X	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date XXXX Workover Started 4-19-66	Date Compl. Ready to Prod. 4-29-66	Total Depth 6960	P.B.T.D. 6734		
Pool Justis Blinebry	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5306	Tubing Depth 5291.98'		
Perforations 5306, 20, 25, 48, 63, 93, 99 & 5414 with 1-3/8" Jet Shot			Depth Casing Shoe 6960		
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
17 1/2	13-3/8	633.90	585		
12 1/4	9-5/8	3348	1600		
8-3/4	7 & 7-5/8	6960	300		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 4-27-66	Date of Test 4-27-66	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 16-1/2 hrs.	Tubing Pressure 950#	Casing Pressure 500#	Choke Size 17/64"
Actual Prod. During Test 287	Oil-Bbls. 287	Water-Bbls. 0	Gas-MCF 535

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

O. D. Bretches
(Signature)
District Drilling Supervisor
(Title)
May 2, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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.