

REQUEST FOR (OIL) - (GAS) ALLOWABLE

* New Well
Recompletion

* Ellenburger Zone P & A. Recompleted in Blinery

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 2-23-62
(Place) (Date)

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

The Atlantic Refining Company State of TX, Well No. 3, in 1/4 NE 1/4,
(Company or Operator) (Lease)

B Unit 25, Sec. 25, T. 25-S, R. 37-E, NMPM., Justis (Blinery) Pool

County Date Spudded Date Drilling Completed

Please indicate location:

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

Elevation 3079DF Total Depth 8350 PSTD 7570

Top Oil/Gas Pay 4030 Name of Prod. Form. Blinery

PRODUCING INTERVAL -

Perforations 5246-5252; 5231-00 Depth

Open Hole 0 Casing Shoe 8350.06 Tubing 5222.56

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 Choke load oil used): 62 bbls. oil, 0 bbls. water in 5 hrs, 0 min. Size 12-64

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. 15% HCl acid, 27,000 gal. 30,000#

Casing 500 gal. tubing 500 gal. Date first new fraced 2-14-62

Press. 400 Press. _____ oil run to tanks

Oil Transporter Texas New Mexico Pipe Line Company

Gas Transporter El Paso Natural Gas Co.

Remarks: Dual Completion Lower Zone (Justis-Montoya)

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: P. D. Bretches
(Signature) P. D. Bretches

Title District Drilling Supervisor
Send Communications regarding well to:

Name The Atlantic Refining Company

Address Box 1978 Roswell, New Mexico

By: _____

Title _____