

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 QUADRUPPLICATE 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.

Denver City, Texas
(Place)

May 23, 1959
(Date)

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

The Atlantic Refining Company State X, Well No. 7, in NE $\frac{1}{4}$, NE $\frac{1}{4}$,
(Company or Operator) (Lease)

A Unit Letter, Sec. 25, T. 25-S, R. 37-E, NMPM, Undersignated (Justin-Blinebry) Pool

Lea

County. Date Spudded Apr. 18, 1959 Date Drilling Completed May 18, 1959

Elevation 3073 Total Depth 7000 FBTD 6994

Top Oil/Gas Pay 5366 Name of Prod. Form. Blinebry

PRODUCING INTERVAL -

Perforations 5366-5373; 5382-5388; 5399-5405; 5414-5432

Open Hole .54 Depth 6999.46 Casing Shoe 6999.46 Depth 5326.86 Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 417.60 bbls. oil, .84 bbls water in 24 hrs, _____ min. Size 32/64 Choke

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): 5000 gals. 15% reg. acid

Casing Tubing Date first new Press. Pkr. Press. 125 oil run to tanks 5-21-59

Oil Transporter Texas-New Mexico Pipe Line

Gas Transporter El Paso Natural Gas

Remarks:

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

Approved May 23, 19 59

The Atlantic Refining Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

Title _____

By: N.A. Carr
(Signature)

Title District Superintendent
Send Communications regarding well to:

Name The Atlantic Refining Company

Address Box 1098, Denver City, Texas