NEW! CICO OIL CONSERVATION COMMI ON Santa Fe, New Mexico

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

REQUE FOR (OIL) - (CARE) 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 6-101 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.

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VE AOF	UCDERV	Z REOUES	(Place) TING AN ALLOWABLE FOR A WELL KNOWN AS:
The Atj	Lentie 1	Refining.	Company State X , Well No. 8 , in SE 1/4 HE
	~		(Lease) T. 25-S, R. 37-E, NMPM., Justis (Drinkard) Pool
111-01	Latter		
	lea		County. Date Spudded 5-31-59 Date Drilling Completed 6-25-59 Elevation 3075 DF Total Depth 6880 PBTD
Ple	ease indica	ate location:	Top Oil/Gas Pay 5902 Name of Prod. Form. Brinkard
D	С	B A	PRODUCING INTERVAL -
	•		Perforations 5902-5925
E	F	G. H	Open Hole Casing Shoe 6880 Depth Tubing 5960.80
		X	OIL WELL TEST -
L	K	JI	Choke 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
M	N	0 P	load oil used): 92 bbls.oil, bbls water in 24 hrs, min. Size 14/6
	1		GAS WELL TEST -
	Section	25	Natural Prod. Test: MCF/Day; Hours flowed Choke Size
tubing .(Casing and	Comenting R	
Size	_	_	
20.04	8 161	27 425	Choke Size Method of Testing:
13-3/	S ASA	61 663	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
9-5/	8 3280	28 180	2500 gellens 155 regular LSTEE said
7	6837	24.2	Casing Tubing Date first new oil run to tanks July 5, 1959
	10051		Oil Transporter Texas- ev Mexico Pipe Line Gespeny
2	5912	2.69	Gas Transporter Phillips Petroleum Corporation
Remarks	:	(al-form zone zu In Just
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		· · · · · · · · · · · · · · · · · · ·	1 Los on the heat of my knowledge
		ify that the	information given above is true and complete to the best of my knowledge. The Atlantic Enfining Company
Approve	·d	July 7	(Company or Operator)
	വ്വാഗമ	NSERVATI	ON COMMISSION By: (Signature)
			(Signature) District Superintendent
By:			Title Send Communications regarding well to:
Title			The Atlentic Refining Company
			Name
			Address

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