

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 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.

Denver City, Texas March 29, 1961
(Place) (Date)

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

The Atlantic Refining Company State X, Well No. 9 LF, in NE 1/4 NE 1/4,
(Company or Operator) (Lease)

A, Sec. 25, T. 25-N, R. 37-E, NMPM., Justin (Fusselman) Pool
Unit Letter

Lea County. Date Spudded 2-10-61 Date Drilling Completed 3-18-61
Elevation 3000 LF Total Depth 6906 PBTD 6067

Please indicate location:

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

Section 25

Tubing, Casing and Cementing Record

Size	Feet	Sax
9-5/8	783.62	550
7	6188.00	1750
4 1/2	763.90	70
2"	6747.60	

Top Oil/Gas Pay 6752 Name of Prod. Form. Fusselman

PRODUCING INTERVAL -

Perforations 6752 - 6770
Open Hole 0 Depth Casing Shoe 6905.60 Depth Tubing 6756.60

OIL WELL TEST -

Natural Prod. Test: 256.00 bbls. oil, .51 bbls water in 24 hrs, 0 min. Choke Size 32/64

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): bbls. oil, bbls water in hrs, min. Choke Size

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): None

Casing Tubing Date first new
Press. Pkr. Press. 50 oil run to tanks 3-28-61

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 _____, 19____

OIL CONSERVATION COMMISSION

By _____

Title _____

The Atlantic Refining Company
(Company or Operator)

By: H. A. Carr
(Signature)

Title: District Superintendent
Send Communications regarding well to:

Name: The Atlantic Refining Company

Address: Box 1038, Denver City, Texas