

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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.

Roswell, New Mexico 3-19-63
(Place) (Date)

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

The Atlantic Refining Co. Langlie Federal A, Well No. 2, in SW 1/4 SE 1/4,
(Company or Operator) (Lease)

0, Sec. 14, T. 25S, R. 37E, NMPM., Austis Blinberry Pool
Unit Letter

Lee

County. Date Spudded 2-16-63 Date Drilling Completed 3-6-63
Elevation 3112.80' GL Total Depth 5650 FBTD 5615

Please indicate location:

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

Top Oil/Gas Pay 5100' Name of Prod. Form. Blinberry

PRODUCING INTERVAL -

Perforations 5362-75'; 5392-5411'; 5451-64' (G.I. Corr)

Open Hole — Depth — Casing Shoe 5650.00 Depth 5298.86'
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): 104 bbls. oil, 18 bbls water in 12 hrs, 0 min. Size 15/64" Choke

GAS WELL TEST -

2320 FRL & 1650 FRL Sec 14 Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record
Size Feet Sax

<u>1 5/8"</u>	<u>919.61</u>	<u>520</u>
<u>1 1/2"</u>	<u>940.70</u>	<u>830</u>
<u>2"</u>	<u>9891.16</u>	<u>tubing</u>

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): *

Casing Tubing Date first new
Press. FRL Press. 500 oil run to tanks 7:30 am 3-13-63

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter Vented temporarily

Remedial 5362-64' / 230 Gal of 15% Hcl acid; fraced w/4700 gal. & 4700# sand treated 9362-5413 w/900 gal. 15% mud acid & 500 gal. 15% HCL Acid, fraced w/15000gal and 17,250 # sand.

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: O. D. Bretches O. D. Bretches
(Signature)

By: _____

Title District Drilling Supervisor

Send Communications regarding well to:

Title _____

Name The Atlantic Refining Company

Address Box 1978, Roswell, New Mexico

SECRET

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