

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

HOBBS OFFICE O. C. C. 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.

Roswell, New Mexico
(Place)

11-20-63
(Date)

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

The Atlantic Refining Company, Well No. 2, in NW 1/4, NE 1/4,
(Company or Operator) (Lease)
B, Sec. 11, T. 25-S, R. 37-E, NMPM., Undesignated Tubb-Drinkard Pool
Unit Letter
Lea

County. Date Spudded 10-15-63 Date Drilling Completed 11-8-63
Elevation 3160 DF Total Depth 6177 PBTD

Top Oil/Gas Pay 5998 Name of Prod. Form. Tubb-Drinkard

PRODUCING INTERVAL -

1 Jet Shot at 5998, 6009, 6024, 6044, 6062 & 6114
Perforations

Open Hole Depth 6176 Casing Shoe 6176 Tubing 5763.95

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): 167 bbls. oil, 26 bbls water in 15 hrs, 0 min. Size 14/64 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): 850 gal. ISTE acid and Fraced w/15,000 gal. Loose Grade & 15,000# sand.
Casing Tubing Date first new
Press. PAB. Press. 700 oil run to tanks 11-13-63

Oil Transporter The Forman Corporation

Gas Transporter vented temporarily pending Sales outlet

Remarks:

Dually completed well (Blinsbry & Tubb-Drinkard)

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)

By: A. D. Kloxin
(Signature)

Title Dist. Production & Drilling Supervisor
Send Communications regarding well to:

Name The Atlantic Refining Co.

Address Box 1978, Roswell, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title _____

Tubing, Casing and Cementing Record

Size Feet Sax

9-5/8	966.14	573
7 & 7-5/8	6164	600