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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

REQUEST FOR ALLOWABLE - (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.

Farmington, New Mexico

January 8, 1962

(Place)

(Date)

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

Astec Oil and Gas Company

Hubbell Gas Unit A-1

Well No. **NE** 1/4, in. 1/4, 1/4,

Company or Operator)

(Lease)

B

Sec. **29**

T. **28N**

R. **10W**

NMPM,

Basin Dakota

Foot

Unit Letter

San Juan

County. Date Spudded. **12/5/61**

Date Drilling Completed **12/17/61**

Please indicate location:

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

Elevation **6100 G.L.** Total Depth **6700** PBTD **6666**

Top Oil/Gas Pay **6590** Name of Prod. Form. **Dakota**

PRODUCING INTERVAL -

Perforations **6509-16, 6529-40, 6590-6640, with 4 shots per foot**

Open Hole _____ Depth _____ Casing Shoe **6700** Depth _____ Tubing **6475**

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): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____ 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: **ACF. 10784** MCF/Day; Hours flowed **3 hrs**

Choke Size **3/4"** Method of Testing: **back pressure**

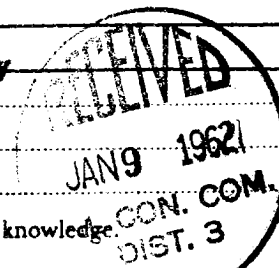
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **Fraced with 83,000 gals. water & 90,000# sand, flushed w/ 160 BM.**

Casing _____ Tubing _____ Date first new _____ Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter **Southern Union Gas Company**

Remarks:



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

Approved **January 8** 1962

Astec Oil & Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: **ORIGINAL SIGNED BY JOE C. SALMON**

(Signature) **Joe C. Salmon**

By: **Original Signed Emery C. Arnold**

Title **District Superintendent**

Send Communications regarding well to:

Title **Supervisor Dist. # 3**

Name **Astec Oil & Gas Company**

Address **Drawer # 570, Farmington, New Mexico**

NAME (Last, First, Middle)		
DATE OF BIRTH (MM/DD/YYYY)		
SOCIAL SECURITY NUMBER		
CURRENT ADDRESS (Street, City, State, Zip)		
TELEPHONE NUMBER (Area Code, Number)		
OCCUPATION		
EDUCATION		
MILITARY SERVICE (Branch, Grade, Dates)		
MARRIAGE (Spouse Name, Date)		
CHILDREN (Name, Date of Birth)		
SIGNATURE		
DATE		