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NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)

Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR ~~WELL~~ - (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.

Farrington, New Mexico

August 9, 1961

(Place)

(Date)

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

Astec Oil & Gas Company

(Company or Operator)

Brill

(Lease)

Well No. 12, in SE $\frac{1}{4}$ $\frac{1}{4}$,

I, Sec. 19, T. 28N, R. 9W, NMPM., Astec-Pictured Cliffs Pool

San Juan

County. Date Spudded 9/19/59

Well temporarily abandoned on 10/15/59

Please indicate location:

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

Elevation 5875 G.L. Total Depth 2121 PBD 2111

Top Oil/Gas Pay 2048 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2056-2110 with 4 shots per foot

Open Hole _____ Depth _____ Casing Shoe 2121 Depth _____ Tubing 2012

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

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: ACF- 2413 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): Frased with 1150 Hbls. water, 60,000# sand

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: August 9 AUG 11 1961, 1961

Astec Oil & Gas Company

(Company or Operator)

ORIGINAL SIGNED BY JOE C. SALMON

By: _____ (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, Farrington, New Mexico

OIL CONSERVATION COMMISSION

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
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