

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR ~~(OIL)~~ - (GAS) ALLOWABLE

New Well
~~XXXXXXXXXX~~

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.

Farmington, New Mexico

August 22, 1960

(Place)

(Date)

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

Astec Oil and Gas Company

McClanahan

Well No. 17-3, in SE 1/4 SE 1/4,

(Company or Operator)

(Lease)

A

Sec. 24

T. 20N

R. 10W

NMPM,

Angel Peak Extension

Pool

Unit Letter

San Juan

County. Date Spudded 7/20/60

Date Drilling Completed 8/3/60

Please indicate location:

Elevation 5296 Total Depth 6795' PBD 6549

Top Oil/Gas Pay 6374' Name of Prod. Form. Indata

PRODUCING INTERVAL -

Perforations 6570-76, 6582-74, 6644-74, 6376-96 with four per ft.

Open Hole _____ Depth _____ Casing Shoe 6595 Depth _____ Tubing 6361'

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 Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. 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: ADP-5285 MCF/Day; Hours flowed 3 hours

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): 2000 bbls. water and 35,000# sand free

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 22, 19 60

Astec Oil and Gas Company

(Company or Operator)

By: ORIGINAL SIGNED BY JOE C. SALMON

(Signature)

Joe C. Salmon

Title District Superintendent

Send Communications regarding well to:

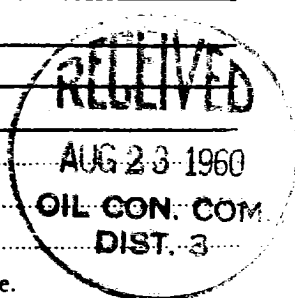
Name Astec Oil and Gas Company

Address Drawer 570, Farmington, N. M.

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3



STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
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