

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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.

Farmington, New Mexico

September 16, 1960

(Place)

(Date)

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

Astec Oil & Gas Company
(Company or Operator)

McClanahan
(Lease)

Well No. 20-D, in. SW $\frac{1}{4}$ $\frac{1}{4}$,

N Sec. 13, T. 28N, R. 10W, NMPM., Angel Peak Extension Pool

Unit Letter

San Juan

County. Date Spudded 8/18/60

Date Drilling Completed 9/1/60

Please indicate location:

Elevation 5710 G.L. Total Depth 6410 FBID 6408

Top Oil/Gas Pay 6228 Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6230 - 6246, 6296 - 6326

Open Hole _____ Depth _____ Casing Shoe 6408 Depth _____ Tubing 6178

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 - 7289 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): Sand-water fraced with 1500 Bbls. water, 74,000# sand, Flushed
Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks v/ 300 Bbls. water.

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. DIST. 3
Approved: September 16, 1960 SEP. 21, 1960

Astec Oil & Gas Company

(Company or Operator)

ORIGINAL SIGNED BY JOE C. SALMON

By: _____ (Signature) Joe C. Salmon

Title: District Superintendent
Send Communications regarding well to:

Name: Astec Oil & Gas Company

Address: Drawer # 570, Farmington, N. Mex.

OIL CONSERVATION COMMISSION

Original Signed By _____

By: A. R. KENDRICK

Title: PETROLEUM ENGINEER DIST. NO. 3