

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR ~~NOTICE~~ (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
(Place)

October 18, 1960
(Date)

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

Astec Oil and Gas Company
(Company or Operator)

Boild
(Lease)

Well No. 18-D, in SW $\frac{1}{4}$ $\frac{1}{4}$

K, Sec. 18, T. 28N, R. 9W, NMPM., Angel Peak Extension Pool

San Juan

County. Date Spudded 9/18/60 Date Drilling Completed 9/27/60

Please indicate location:

Elevation 5744 G.L. Total Depth 6307 PBD 6306

Top Oil/Gas Pay 6304 Name of Prod. Form. Bakota

PRODUCING INTERVAL -

Perforations 6302-6332, 6330-6310, 6334-6346

Open Hole _____ Depth _____ Casing Shoe 6306 Depth _____
Tubing 6310

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. 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. 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: AGF - 6933 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 70,000# sand and 1980 bbls. water

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 October 18 OCT 20 1960 Astec Oil and Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

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 and Gas Company

Address: Dweller # 570, Farmington, New Mex.

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
ALBUQUERQUE DISTRICT OFFICE		
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