

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57REQUEST FOR ~~(OIL)~~ (GAS) ALLOWABLENew 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 November 7, 1960
(Place) (Date)

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

Antec Oil and Gas Company Well No. **19-B**, in **BL** 1/4, 1/4,
(Company or Operator) (Lease)
B, Sec. **18**, T. **28N**, R. **9W**, NMPM., **Angel Peak Extension** Pool
Unit Letter

San Juan County. Date Spudded **10/3/60** Date Drilling Completed **10/18/60**

Please indicate location:

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

Elevation **5790-0.1** Total Depth **6692** PBTD

Top Oil/Gas Pay **5426** Name of Prod. Form. **Dakota**

PRODUCING INTERVAL -

Perforations **6432-42, 6436-6516, 6500-90**

Open Hole Depth Casing Shoe **6690** Depth Tubing **6391**

OIL WELL TEST -

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

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 _____

Tubing, Casing and Cementing Record

Size Feet Sax

8 1/8	318	225
4 1/2	6690	400
2 3/8	6391	---

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: **ACP - 9094** MCF/Day; Hours flowed **3 hrs.**

Choke Size **3/4** Method of Testing: **Back pressure**

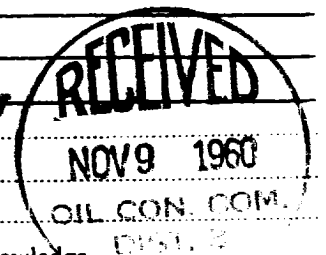
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **Sand-water gravel with 70,000# sand and 1890 lbs. water.**

Casing Tubing Date filled, new / 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 **November 7, 1960** NOV 9 1960

Antec Oil and Gas Company
(Company or Operator)

ORIGINAL SIGNED BY JOE C. SALMON

By: _____
(Signature) **Joe C. Salmon**

OIL CONSERVATION COMMISSION

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

Title **District Superintendent**
Send Communications regarding well to:

Title **Supervisor Dist. # 3**

Name **Antec Oil and Gas Company**

Address **Drawer # 570, Farmington, New Mex.**

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZULC DISTRICT OFFICE		
NUMBER OF COPIES RECEIVED		
DISTRICT		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFF.		
TRANS-OIL R	OIL	
	GAS	
P. I. & O. FEE		
REMARKS		