

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

RECOMPLETION MONTH - (GAS) ALLOWABLE

New Well
SANTA FE

This form shall be submitted by the operator before a new allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the Santa Fe 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 psi at 50° Fahrenheit.

Farmington, New Mexico
(Place)

June 7, 1961
(Date)

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

Astec Oil and Gas Company **Astec** Well No. **8**, in **NM** $\frac{1}{4}$ $\frac{1}{4}$,
(Company or Operator)

D, Sec. **14**, T. **28N**, R. **11W**, **SHADEM**, **Basin Dakota** Pool
Unit Letter

San Juan

County, Date Drilled **5/6/61** Date Drilling Completed **5/19/61**

Please indicate location:

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

Elevation **5519 S.L.** Total Depth **6860** PBDT **6886**

Top Oil/Gas **6128** Name of Prod. Form. **Dakota**

PRODUCING INTERVAL

Perforations **6032-6060, 6074-6082, 6130-6132**

Open Hole **6032** Depth **6040** Casing Shoe **6038** Tubing **6040**

OIL WELL TEST

Natural Prod. Test **0** bbls. oil, **0** bbls. water in **0** hrs, **0** min. Choke Size **0**

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **0** bbls. oil, **0** bbls. water in **0** hrs, **0** min. Choke Size **0**

GAS WELL TEST

Natural Prod. Test **0** MCF/Day; Hours flowed **0** Choke Size **0**

Method of Testing (flow, back pressure, etc.): **0**

Test After Acid or Fracture Treatment: **AGF- 8037** 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 56,000# sand, 1537 lbs. water, flushed w/200 gal. water**

Casing **0** Tubing **0** Date first new Press. **0** of gas to tanks

Oil Transporter **0**

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 **JUN 8 1961**

Astec Oil and Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: **ORIGINAL SIGNED BY JOE C. SALMON**
(Signature) **Joe C. Salmon**

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

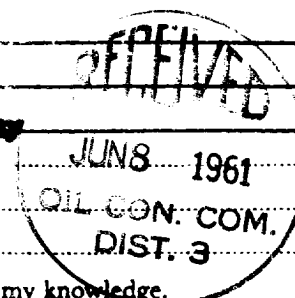
Title: **District Superintendent**

Send Communications regarding well to:

Title **Supervisor Dist. #3**

Name: **Astec Oil and Gas Company**

Address **Boxer # 570, Farmington, N.M.**



STATE OF NEW MEXICO
OIL CONSERVATION COMMISSION
AZT. C DISTRICT OFFICE
NUMBER OF COPIES RECEIVED
5
SANTA FE
FILE
U.S.S.
LINDON
TRANS. ORIGIN
OIL
C&G