

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR ~~XXXX~~ (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)

August 30, 1960
(Date)

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

Astec Oil and Gas Company McClanahan, Well No. 18-B, in NE 1/4 NE 1/4,
(Company or Operator) (Lease)

A, Sec. 13, T. 8N, R. 10W, NMPM., Angel Peak Extension Pool
Unit Letter
San Juan County. Date Spudded 8/2/60 Date Drilling Completed 8/12/60

Please indicate location:

D	G	B	★
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 5700 Total Depth 6450 PSTD 6415

Top Oil/Gas Pay 6017 Name of Prod. Form. Delkota

PRODUCING INTERVAL -

Perforations 6078-78, 6324-48, 6380-96 4/rt

Open Hole _____ Depth _____ Casing Shoe 6450 Depth _____ Tubing 6194'

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: ACF-6848 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): 71,000# acid and 1159 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 SEP 17 1960, 19____ Astec Oil and Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

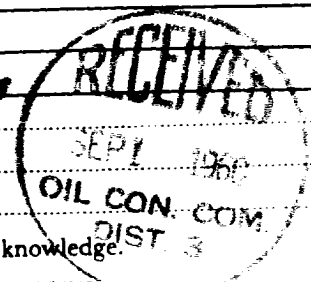
Title Supervisor Dist. # 3

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, New Mexico



STATE OF NEW MEXICO	
OIL CONSERVATION COMMISSION	
AZTEC DISTRICT OFFICE	
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