

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

NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR (OIL) - ~~ALLOWABLE~~

New Well
~~ALLOWABLE~~

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 QUADRUPPLICATE 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

March 30, 1961

(Place)

(Date)

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

Astec Oil and Gas Company

Bagood

Well No. **23-0**, in **SE** $\frac{1}{4}$ $\frac{1}{4}$

(Company or Operator)

(Locality)

I, **San Juan**, Sec. **19**, T. **29N**, R. **13W**, NMDPL, **Total Gallup** Prod.

First Letter

San Juan

Please indicate location:

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

County Date Surveyed **3/14/61**

Date Drilling Completed **3/22/61**

Elevation **5384 O.L.**

Total Depth **5233** PBD **5210**

Top Oil/Gas Day **4795**

Name of Prod. Form. **Gallup**

PRODUCING INTERVAL

Perforations

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ Tubing _____

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): **312** bbls. oil, **0** bbls. water in **24** hrs, **---** min. Choke Size **20/64"**

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: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **18,000# sand, 692 Bbls. oil, flushed with 200 Bbls. oil**

Casing _____ Tubing _____ Date first new oil run to tanks **3/28/61**

Oil Transporter **El Paso Natural Gas Products (via New Mexico Tankers)**

Gas Transporter _____

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.

March 30, 1961 MAR 31 1961

Approved _____

Astec Oil and Gas Company

(Company or Operator)

ORIGINAL SIGNED BY JOE C. SALMON

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: **Drawer # 570, Farmington, New Mexico**