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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR ~~WELLS~~ - (GAS) ALLOWABLE

New Well
~~Recompleting~~

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 15, 1961

(Place)

(Date)

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

Astec Oil & Gas Company

McDaniel

, Well No. C-1, in NE $\frac{1}{4}$ $\frac{1}{4}$,

(Company or Operator)

(Lease)

B

Sec. 19

T. 29N

R. 11W

NMPM,

Basin Dakota

Pool

Unit Letter

San Juan

County. Date Spudded 10/10/61

Date Drilling Completed 10/25/61

Please indicate location:

Elevation 5587 G.L. Total Depth 6430 PSTD 6400

Top Oil/Gas Pay 6233 Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6161-6171, 6234-6268, 6274-6282

Open Hole _____ Depth _____ Casing Shoe 6430 Depth _____ Tubing 6128

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: AMF- 6145 MCF/Day; Hours flowed 3 hrs.

Choke Size 3/4" Method of Testing: back-pressure

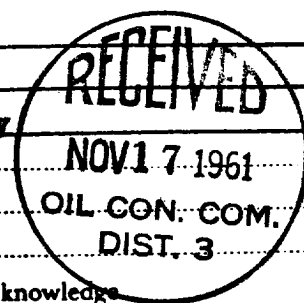
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Fraced with 62,500 gals. water, 74,000/cond, flushed w/ 150 Bbls. water

Casing _____ Tubing _____ Date first new _____ 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 NOV 17 1961, 19____

Astec Oil & Gas Company

(Company or Operator)

ORIGINAL SIGNED BY JOE C. SALMON

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 & Gas Company

Address: Drawer # 570, Farmington, New Mexico

OIL CONSERVATION COMMISSION

STATE OF NEW MEXICO		
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