

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR ~~(OIL)~~ - (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 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

August 28, 1962

(Place)

(Date)

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

Astec Oil & Gas Company

Thompson

Well No. **7-D**

in **2 1/4**

1/4

1/4

(Company or Operator)

(Lease)

N

Sec. **34**

T. **31N**

R. **12W**

NMPM.

Basin Dakota

Pool

Unit Letter

San Juan

County. Date Spudded **7/19/62**

Date Drilling Completed

8/7/62

Elevation **6015**

6-L.

Total Depth **7090**

PBTD

7060

Top Oil/Gas Pay **6893**

Name of Prod. Form.

Dakota

PRODUCING INTERVAL -

Perforations **6844-50, 6898-6920 with 4 shots per ft.**

Open Hole

Depth

Casing Shoe **7090**

Depth

Tubing **6815**

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: **ACP- 1259** 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 67,000 gals water, 60,000# sand, flushed w/120 Wals.**

Casing _____ Tubing _____ Date first new
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter **Southern Union Gathering System**

Tubing, Casing and Cementing Record

Size Feet Sax

8 5/8	323	250
4 1/2	7090	875
2 3/8	6815	-

Remarks: _____

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

Approved **AUG. 29 1962**, 19_____

Astec Oil & Gas Company

(Company or Operator)

By: **ORIGINAL SIGNED BY JOE C. SALMON**

(Signature) **Joe C. Salmon**

Title **District Superintendent**

Send Communications regarding well to:

Astec Oil & Gas Company

Name _____

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

OIL CONSERVATION COMMISSION

Original Signed By

By: **A. R. KENDRICK**

Title **PETROLEUM ENGINEER DIST. NO. 3**

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZUL DISTRICT OFFICE		
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