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OPERATOR	3
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator New Mexico Fidelity Company	
Address P. O. Drawer 570, Farmington, New Mexico 87401	
Reasons for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	
Change in Ownership ☐	

Market name give name Astec Oil & Gas Company, P. O. Drawer 570, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE	
Lease Name Thompson	Well No., Pool Name, including Formation #9 Basin Dakota
Kind of Lease State, Federal or Fee Federal	
Lessee No. NM-01614	
Location Unit Letter M 990 Feet From The South Line and 920 Feet From The West	
Line of Section 28 Township 31 North Range 12 West NMPM San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent) Plateau, Inc. P. O. Box 108, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent) Southern Union Gathering Fidelity Union Tower, Dallas, Texas 75201
If well produces oil or liquids, give volume in barrels.	is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well ☐ Gas Well ☐ New Well ☐ Existing ☐ Plug Back ☐ Spill Bottom ☐ Drill Restiv.
Perforations	Date Comm. Ready to Prod.
Total Depth	P.B.T.D.

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Test To Run		Date of Test		Pressure (psi) at 100 ft. depth	
Length of Test	Tubing Pressure	Casing Pressure			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.			
GAS WELL		Scale, Condensate - MMCF		Gravity of Condensate	
Actual Prod. Test - MMCF/D	Length of Test	Casing Pressure (Shut-in)		Choke Size	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION	
JAN 12 1978	
APPROVED	BY
	Original Signed by A. R. Kendrick
TITLE SUPERVISOR DIST. 24	

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

(Signature)

(Title)

1-1-76

(Date)