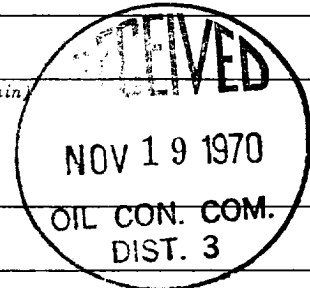


NO. OF COPIES RECEIVED	5
DISTRICT	
COUNTY	1
WELL	1
OWNER	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	2
REGISTRATION OFFICE	
CITY/STATE	

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

Aster Oil & Gas Company	
Address Drawer 570, Farmington, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐



If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Randlerman	Well No. #3	Pool Name, including Formation Blanco Pictured Cliffs Ept.	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter D, 1030 Feet From The North Line and 1130 Feet From The West Line of Section 13 Township 31 North Range 11 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.)	
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		Box 398, Bloomfield, New Mexico
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	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	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		X	X					
Date Spudded 10-31-70	Date Compl. Ready to Prod. 11-7-70	Total Depth 2578	P.B.T.D. 2578					
Stratigraphic (SF, RKB, RT, GR, etc.) 5733 Gr	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2488	Tubing Depth 2480					
Perforations 2488-2508, 4 SPF			Depth Casing Shoe 2582					

TUBING, CASING, AND CEMENTING RECORD			
PIPE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10 5/8"	8-5/8"	105'	110 sms
6-5/8"	4-1/2"	2582'	325 sms
	1" Line Pipe	2480'	

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 Now On Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Duration of Test	Tubing Pressure	Casing Pressure	Choke Size
Water Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

Shut-in Test	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Water Prod. Test-MCF/D 1000	3 Hrs.		
Testing Method (shot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 872	Casing Pressure (Shut-in) 872	Choke Size 3/4

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.

(Signature)
District Superintendent
(Title)
November 18, 1970
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 19 1970, IS
BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #3

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.

Separate Forms C-104 must be filed for each pool in multiple.