

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 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 September 10, 1959
(Place) (Date)

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

Antec Oil and Gas Company Arizona-Vicorilla, Well No. 2, in NM $\frac{1}{4}$ $\frac{1}{4}$,
(Company or Operator) (Lease)
D, Sec. 26, T. 25-N, R. 1-W, NMPM, South Blanco-Pictured Cliffs Pool
Unit Letter

Rio Arriba County. Date Spudded 9/6/59 Date Drilling Completed 8/24/59
Elevation 6980 Total Depth 3450 PBD 3342

Please indicate location:

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

Top Oil/Gas Pay 3308 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3338 - 3308
Open Hole _____ Depth _____
Casing Shoe 3436 Depth _____
Tubing 3367

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____
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 _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8"</u>	<u>166'</u>	<u>90</u>
<u>4 1/2"</u>	<u>3436'</u>	<u>75</u>
<u>2 3/8"</u>	<u>3367'</u>	<u>—</u>

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 407 - 537h MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Back pressure

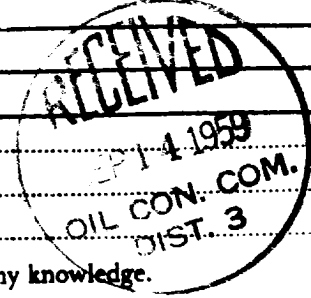
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1060 bbls. water and 75,000# sand

Casing _____ Tubing _____ Date first new
Press. _____ Press. _____ 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 SEP 14 1959, 19. _____

Antec Oil and Gas Company
(Company or Operator)

ORIGINAL SIGNED BY JOE C. SALMON

By: _____ (Signature) Joe C. Salmon

Title District Superintendent

Send Communications regarding well to:

Title PETROLEUM ENGINEER DIST. NO. 3

Name Antec Oil and Gas Company

Address Box # 786, Farmington, New Mexico

OIL CONSERVATION COMMISSION

SECRET OFFICE

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Transporter

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