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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104)
Revised 7/1/67

REQUEST FOR ~~1000~~ - (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

August 16, 1961

(Place)

(Date)

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

Astec Oil & Gas Company

A.D. Hudson

Well No. 4-D, in SE $\frac{1}{4}$ $\frac{1}{4}$

(Company or Operator)

(Lease)

Unit Letter

Sec 29

T. 27N

R. 9W

NMPM,

Basin Dakota

Pool

San Juan

County. Date Spudded 7/9/61

Date Drilling Completed 7/27/61

Please indicate location:

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

Elevation _____ Total Depth _____ FBTD _____

Top Oil/Gas Pay 6705 Name of Prod. Form. dakota

PRODUCING INTERVAL -

Perforations 6614-6632, 6704-6726, 6792-6802 with 4 shots per foot

Open Hole _____ Depth _____ Casing Shoe 6890 Depth _____ Tubing 6566

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 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: ACF- 2568 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 75,000 sand, 1552 Bbls. water, flushed w/ 100 Bbls.

Casing _____ Tubing _____ Date first new _____ water
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 August 16 AUG 21 1961, 1961

Astec Oil & Gas Company

(Company or Operator)

ORIGINAL SIGNED BY JOE C. SALMON

By: _____ (Signature) Joe C. Salmon

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title District Superintendent

Send Communications regarding well to:

Name Astec Oil & Gas Company

Address Drawer # 570, Farmington, New Mexico

Title Supervisor Dist. # 3

STATE OF NEW MEXICO	
OIL CONSERVATION COMMISSIO	
AZT.C DISTRICT OFFICE	
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