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LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)

Revised 7/1/57

RED: EST FOR ~~XXXXX~~ (GAS) ~~XXXXX~~ VARIABLE

New Well
~~Recompletion~~

This form shall be submitted by the operator before an 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 the date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15000 psi at 60° Fahrenheit.

Farmington, New Mexico

February 27, 1961

(Place)

(Date)

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

Antec Oil and Gas Company

(Company or Operator)

Highes

Well No. **2-D**

in **NE** 1/4 1/4

C

Sec. **23**

T. **28N**

R. **11W**

NE 1/4 PM

Basin Dakota

Pool

Unit Later

San Juan

County Date Drilled **1/22/61**

Date Drilling Completed

2/10/61

Please indicate location:

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

Location **5712 S.L.** Total Depth **6400** PBTD **6368**

Top of Gas Pay **6400** Name of Prod. Form. **Dakota**

PRODUCING INTERVAL

Perforations **6194-6197, 6400-6402 with 4 shots per foot**

Open Hole _____ Depth _____ Casing Shoe **6399** Depth Tubing **6110**

OIL WELL TEST -

Natural Prod. Test _____ bbls./hr. _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of lost oil used): _____ bbls./hr. _____ bbls water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST -

Natural Prod. Test _____ MCF/Day; Hours flowed _____ Choke Size _____

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

Test After Acid or Fracture Treatment: **ACE- 9575** MCF/Day; Hours flowed **3 hr**

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): **Sand-water cement with 66,000# sand, 163# H₂O. water, finished with 200 H₂O. water.**

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

Oil Transporter _____

Gas Transporter **Southern Union Gas Company**

Remarks:

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MAR 2 1961

OIL - C-104

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

Approved **February 27, 1961**

Antec Oil and Gas Company

(Company or Operator)

ORIGINAL SIGNED BY **JOE C. SALMON**

OIL CONSERVATION COMMISSION

By: _____ (Signature) **Joe C. Salmon**

By: **Original Signed Emery C. Arnold**

Title: **District Superintendent**
Send Communications regarding well to:

Title **Supervisor Dist. # 3**

Name: **Antec Oil and Gas Company**

Address **Drawer # 570, Farmington, New Mex.**

[illegible]