

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - ~~PROD~~ 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.

Parrrington, New Mexico
(Place)

November 21, 1960
(Date)

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

Astec Oil and Gas Company Retinson, Well No. 5-0, in SE $\frac{1}{4}$ $\frac{1}{4}$,
(Company or Operator) (Lease)

P, Sec. 15, T. 28N, R. 13W, NMPM., Undesignated Gallup Pool
Unit Letter

San Juan

County. Date Spudded 10/24/60 Date Drilling Completed 11/2/60
Elevation 6083 G.L. Total Depth 5850 FBTD 5763

Please indicate location:

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

Top Oil/Gas Pay 5398 Name of Prod. Form. Gallup

PRODUCING INTERVAL -

Perforations 5748-58, 5810-24,

Open Hole _____ Depth _____ Casing Shoe 5359 Depth _____
Tubing 5763

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 183.04 bbls. oil, 0 bbls. water in 24 hrs, 0 min. Size 27/64 Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 1/8</u>	<u>324</u>	<u>225</u>
<u>4 1/2</u>	<u>5859</u>	<u>400</u>
<u>2 3/8</u>	<u>5763</u>	<u>---</u>

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

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Sand-Oil Fraced with 40,000 sand and 832 Bbls. oil

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks 11/13/60

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter _____

Remarks: _____

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

Approved November 21 NOV. 21 1960, 19 60

Astec Oil and Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title: Supervisor Dist. # 3

By: ORIGINAL SIGNED BY JOE C. SALMON
(Signature)

Title: District Supervisor
Send Communications regarding well to:

Name: Astec Oil and Gas Company

Address: Drawer # 570, Parrrington, New Mex.

STATE OF NEW MEXICO	
LAND COMMISSION	
LAND OFFICE	
NUMBER	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PROBATION OFFICE	
OPERATOR	