

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
(Place)

December 15, 1960
(Date)

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

Astec Oil and Gas Company **Robinson**, Well No. **7-G**, in **3**/₄ **1**/₄,
(Company or Operator) (Lease)

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

San Juan

Please indicate location:

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

County. Date Spudded **11/16/60** Date Drilling Completed **11/26/60**

Elevation **6001 G.L.** Total Depth **5830** FBTD **5798**

Top Oil/Gas Pay **5301** Name of Prod. Form. **Gallup**

PRODUCING INTERVAL -

Perforations **notch at 5751'**

Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing _____

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): **182.38** bbls. oil, **0** bbls water in **24** hrs, **0** min. Size **19/64"** Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	317	225
4 1/2	5830	4.0
2 3/8	5743	---

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

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

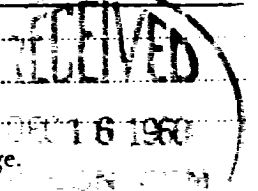
Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **Sand - 111 Fraced with 15,000# sand, 730 Bbls. oil & flushed w/ 150 Bbls. oil.**
Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks **12/13/60**

Oil Transporter **El Paso Natural Gas Products, (via Luna-Raves Trucking)**

Gas Transporter _____

Remarks: _____



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

Approved **December 14** **DEC 16 1960**

Astec 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. # 8**

Name **Astec Oil and Gas Company**

Address **Dresser # 570, Farmington, New Mexico**

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
ALBUQUERQUE DISTRICT OFFICE		
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