

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

REQUEST FOR ALLOWABLE - (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 **October 6, 1961**
(Place) (Date)

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

Astec Oil & Gas Company **Mangum**, Well No. **5-D**, in **SE** $\frac{1}{4}$ $\frac{1}{4}$,
(Company or Operator) (Lease)
I, Sec. **29**, T. **29N**, R. **11W**, NMPM, **Basin Dakota** Pool
Unit Letter

San Juan

Please indicate location:

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

County. Date Spudded **9/9/61** Date Drilling Completed **9/21/61**
Elevation **5401 G.L.** Total Depth **6231** FRTD **6190**
Top Oil/Gas Pay **6029** Name of Prod. Form. **Dakota**

PRODUCING INTERVAL -

Perforations **5996-5964, 5974-5984, 6028-6060 with 4 shots per ft.**
Open Hole Depth **6231** Depth **5946**
Casing Shoe Tubing

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 _____
Method of Testing (pitot, back pressure, etc.): _____
Test After Acid or Fracture Treatment: **ACF- 4069** 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): **Fraced w/ 74,177 gals. water, 70,000# sand, flushed w/ 5900 gals.**

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 **OCT 10 1961** **October 6**, 19 **61** **Astec Oil & Gas Company**
(Company or Operator)

OIL CONSERVATION COMMISSION

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

Title **Supervisor Dist. # 3**

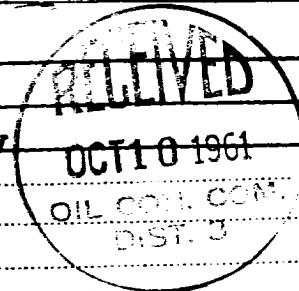
By: **ORIGINAL SIGNED BY JOE C. SALMON**
(Signature) **Joe C. Salmon**

Title **District Superintendent**

Send Communications regarding well to:

Name **Astec Oil & Gas Company**

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



STATE OF NEW MEXICO		
OIL AND GAS OPERATIONS		
REGISTRATION OFFICE		
NUMBER OF COPIES RECEIVED <u>2</u>		
DATE <u>11/1/77</u>		
SANTA FE		
FILE		
U.S. RES.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
PERMITS OFFICE		
OPERATOR		