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NEW MEXICO OIL CONSERVATION COMMISSION
 Santa Fe, New Mexico
 REO) EST) OIL ~~ALLOWABLE~~ (GAS) ALLOWABLE

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

New Well
 Recompletion

This form shall be submitted by the operator before a permit or allow-able 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 allow-able 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 13.025 cubic at 60° Fahrenheit.

Paradise, New Mexico July 7, 1961
 (Place) (Date)

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

Astec Oil and Gas Company Cooper Well No. 4-D in NE 1/4
 (Company or Operator) (County) (Section) (Twp) (Range) (Meridian) (Pool)
B Sec. 18 T. 29N R. 11W NE4PM, Basin Dakota Pool

Unit Letter San Juan Course Date Started 6/1/61 Date Drilling Completed 6/25/61
 Elevation 5718 ft. Total Depth 6570 PBD 6537
 Top Oil/Gas Pay 6405 Name of Prod. Form. Dakota

Please indicate location:

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

PRODUCING INTERVAL
 Perforations 6391-44, 6408-34 with 4 shots per foot
 Open Hole Depth 6569 Depth Tubing 6093
 Casing Shoe

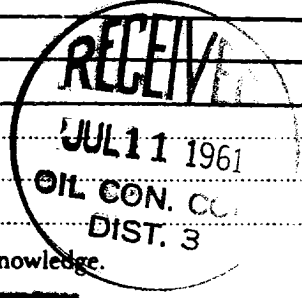
OIL WELL TEST -
 Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____
 Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST -
 Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____
 Method of Testing (pilot, back pressure, etc.): _____
 Test After Acid or Fracture Treatment: AGF- 2617 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): Frased with 60,000# sand, 1500 bbls. water, flushed w/ 200 gal. water
 Casing Press. _____ Tubing Press. _____ Date first new 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 July 7 JUL 11 1961, 19 61

OIL CONSERVATION COMMISSION

Astec Oil and Gas Company
 (Company or Operator)
 ORIGINAL SIGNED BY JOE C. SALMON
 By: _____ (Signature) Joe C. Salmon

By: Original Signed Emery C. Arnold Title: District superintendent

Title: Supervisor Dist. # 3 Name: Astec Oil and Gas Company

Address: Box 4 271, Paradise, New Mexico

STATE OF TEXAS		
DEPARTMENT OF TRANSPORTATION		
BORDER CROSSING PERMIT		
SMITH		
RICE		
DICKSON		
LAWD JAMES		
TRANSPORTER	OIL	
	GAS	
PROBATION OFFICE		
OPERATOR		