

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 (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 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 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.

Paradigton

1-7-65

(Place)

(Date)

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

Astec Oil & Gas Company

MORATH

Well No. 1

in SW

SE

1/4

(Company or Operator)

(Lease)

J

Sec. 2

T. 29N

R. 12W

NMPM.

Pelcher Kuts

Pool

Unit Letter

San Juan

County. Date Spudded. 11-21-64

Date Drilling Completed 11-25-64

Elevation 3899

Total Depth 2136

PBTD ---

Please indicate location:

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

Top Oil/Gas Pay _____

Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2012-2078

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 Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST - Absolute Potential 2051

Natural Prod. Test: 1288 MCF/Day; Hours flowed _____ Choke Size 3/4

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): 10,000 20-40 oil 10,000 10-20 oil 72-3 64/1000. 45 balls

Casing _____

Press. _____

Date first new _____

Press. _____

oil run to tanks _____

Oil Transporter _____

Gas Transporter _____

Southern Union Gathering System



Remarks:

Reconnected 12-29-64

OLD WELL WORKED OVER

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

Approved JAN 11 1965, 1965

Astec Oil & Gas Company

(Company or Operator)

By: _____ ORIGINAL SIGNED BY JOE C. SALMON

(Signature)

Title District Superintendent

Send Communications regarding well to:

Name Astec Oil & Gas Company

Denver #570, Paradigton, New Mexico

Address _____

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3