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# NEW MEXICO OIL CONSERVATION COMMISSION

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

REQUEST FOR ALLOWANCE (GAS) WELL

New Well  
~~Recompletion~~

This form shall be submitted by the operator of an oil or gas well and will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in OIL AND GAS COMPLETION REPORTS to the District Office to which Form C-101 was sent. The allowable will be assigned effective 7 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 the date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on a monthly basis.

Farmington, New Mexico  
(Place)

June 15, 1961  
(Date)

WE ARE HEREBY REQUESTING AN ALLOWANCE FOR A WELL KNOWN AS

**Astec Oil and Gas Company**  
(Company or Operator)

**Sammons**

Well No. **2-D**, in **NE** 1/4, 1/4,

Unit Letter **0**, Sec. **32**, T. **30N**, R. **12W**, **Basin Dakota** Pool

**San Juan**

Please indicate location:

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

Clearing Date **5/11/61** Date Drilling Completed **5/27/61**  
Elevation **5423 O.L.** Total Depth **6076** PBTD **6041**  
Top Oil/Gas **6078** Name of Prod. Form. **Dakota**

## PRODUCING IN OIL

Perforations **6011 - 6021, 6081-6111 with 4 shots per foot**

Open hole Depth **6076** Casing Size **6075** Tubing **6019**

## OIL WELL TEST

Natural Prod. Test: **0** bbls. oil, **0** bbls. water in **0** hrs, **0** min. Choke Size **0**

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

## GAS WELL TEST

Natural Prod. Test: **0** MCF/Day; Hours Flowed **0** Choke Size **0**

Method of testing (e.g., back pressure, etc.): **0**

Test After Acid or Fracture Treatment (after recovery of volume of gas equal to volume of load gas used): **0** 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, 1670 bbls. water, flushed w/210 bbls. Water.**

Casing **0** Drilling **0** First new **0** Oil run to tanks **0**

Oil Transporter **0**

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 **June 15, 1961** JUN 19 1961

**Astec Oil and Gas Company**  
(Company or Operator)

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

Title **District Superintendent**  
Send Communications regarding well to:

Name **Astec Oil and Gas Company**

OIL CONSERVATION COMMISSION  
Original Signed By:

By **A. R. KENDRICK**

Title **PETROLEUM ENGINEER DIST. NO. 3**

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OIL CONSERVATION COMMISSION	
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