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NEW MEXICO OIL CONSERVATION COMMISSION

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

REQUEST FOR ~~WELL~~ (GAS) WELL TABLE

New Well  
~~Subscription~~

This form shall be submitted by the operator of a well which is allowed to be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the 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 is 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 June 15, 1961  
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR WELL KNOWN AS

**Astec Oil and Gas Company** **Sammons** Well No. **2-D**, in **EE** 1/4 1/4, Sec. **32**, T. **30N** R. **12W**, **Basin Dakota** Pool

**San Juan**

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**

Please indicate location:

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

PERFORATIONS IN SHA  
Perforations **6011 - 6021, 6081-6111 with 4 shots per foot**  
Open hole Depth **6075** Tubing Depth **6019**

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 (if back pressure, etc.): \_\_\_\_\_

(FOOTAGE)  
Tubing, Casing and Cementing Record

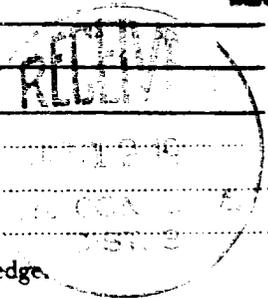
Size	Feet	Sax
8 5/8	316	250
4 1/2	6275	550
2 3/8	6019	

Test After Acid or Fracture Treatment: **ACF-3443** MCF/Day; Hours flowed **3 hrs.**  
Choke size **3/4"** Method of testing: **back pressure**

Acid or Fracture Treatment (Give amount of materials used, such as acid, water, oil, and sand): **Frased with 60,000# sand, 1670 Bbls. water, flushed w/210 Bbls. Water.**

Casing \_\_\_\_\_ Press. \_\_\_\_\_  
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 **June 15, 1961** JUN 19 1961 **Astec Oil and Gas Company**  
(Company or Operator)

OIL CONSERVATION COMMISSION  
Original Signed By: **A. R. KENDRICK**  
By: \_\_\_\_\_ Title: **District Superintendent**  
Send Communications regarding well to:  
Name: **Astec Oil and Gas Company**

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OIL CONSERVATION COMMISSION	
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