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TRANSPORTER	OIL	
	GAS	
PRODUCTION OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

ILLECIBLE

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.

Perrington

1-5-65

(Place)

(Date)

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

Astec Oil & Gas

EAST

, Well No. 6, in SE $\frac{1}{4}$ SW $\frac{1}{4}$,

(Company or Operator)

(Lease)

D, Sec. 23, T. 31N, R. 12W, NMPM, Dakota Pool

Unit Letter

San Juan

County. Date Spudded 7-8-64

Date Drilling Completed

5-14-64

Please indicate location:

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

Elevation _____ Total Depth 7400 FBTD 7385

Top Oil/Gas Pay _____ Name of Prod. Form. Dakota

PRODUCING INTERVAL - Dakota

Perforations _____

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ 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 load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

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: _____ 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): _____

Casing _____ Tubing _____ Date first new _____ Press. _____ Press. _____ oil run to tanks _____

Oil Transporter Shell Pipeline

Gas Transporter Southern Union

Remarks: No recompletion date available

No test after Workover

Old Well Worked Over

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

Astec Oil & Gas Company

(Company or Operator)

Approved JAN 11 1965, 19. _____

OIL CONSERVATION COMMISSION

Original Signed Emery C. Arnold

By: _____

Title Supervisor Dist. # 3

By: _____ ORIGINAL SIGNED BY JOE C. SALMON (Signature)

Title District Superintendent

Send Communications regarding well to:

Name Astec Oil & Gas Company

Drawer #570 Perrington, New Mexico

