

**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 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.

**Farmington, New Mexico October 19, 1959**

(Place)

(Date)

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

**Astec Oil and Gas Company** **Operator**, Well No. **8**, in **SW**  $\frac{1}{4}$   $\frac{1}{4}$ ,  
(Company or Operator) (Lease)  
**M**, Sec. **18**, T. **31N**, R. **11W**, NMPM, **Undesignated-Pictured Cliffs** Pool  
Unit Letter  
**San Juan**

Please indicate location:

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

County. Date Spudded **9/18/59** Date Drilling Completed **9/21/59**  
Elevation **6129** Total Depth **2800** PBD **2733**  
Top Oil/Gas Pay **2665** Name of Prod. Form. **Pictured Cliffs**

**PRODUCING INTERVAL -**

Perforations **2665-2700**  
Open Hole \_\_\_\_\_ Depth **2733** Depth **2708**  
Casing Shoe \_\_\_\_\_ Tubing \_\_\_\_\_

**OIL WELL TEST -**

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_  
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 -**

Natural Prod. Test: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

**Tubing, Casing and Cementing Record**

Size	Feet	Sax
<b>8 5/8</b>	<b>99</b>	<b>75</b>
<b>4 1/2</b>	<b>2733</b>	<b>100</b>
<b>1</b>	<b>2708</b>	<b>---</b>

Method of Testing (pitot, back pressure, etc.): \_\_\_\_\_

Test After Acid or Fracture Treatment: **ACF 2,736** MCF/Day; Hours flowed **3 hours**

Choke Size **1/4** Method of Testing: **Back pressure**

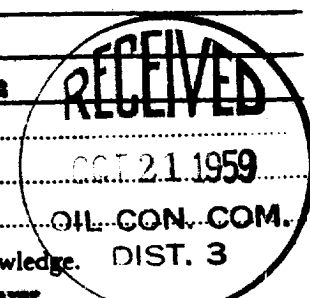
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **60,000# sand and 1,000 bbls. water and 110 rubber ball sealers**

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. \_\_\_\_\_ Press. \_\_\_\_\_ oil run to tanks \_\_\_\_\_

Oil Transporter \_\_\_\_\_

Gas Transporter **Southern Union Gathering System**

Remarks: \_\_\_\_\_



I hereby certify that the information given above is true and complete to the best of my knowledge. **DIST. 3**

Approved **OCT 21 1959**, 19\_\_\_\_\_

**Astec Oil and Gas Company**

(Company or Operator)

**OIL CONSERVATION COMMISSION**

**ORIGINAL SIGNED BY JOE C. SALMON**

By: \_\_\_\_\_ **Joe C. Salmon**  
(Signature)

Title **District Superintendent**

Send Communications regarding well to:

Name **Astec Oil and Gas Company**

Address **Box # 786, Farmington, New Mexico**

By: **Original Signed Emery C. Arnold**

Title **Supervisor Dist. # 3**

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