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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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 27, 1964
(Place) (Date)

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

Astec Oil & Gas Company DISSEMINATED, Well No. 3, in NE 1/4 SE 1/4,
(Company or Operator) (Lease)

I, Sec. 1, T. 31N, R. 18W, NMPM., Basin Dakota Pool
Unit Letter

San Juan

County. Date Spudded 9-11-64 Date Drilling Completed 10-9-64

Please indicate location:

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

Elevation 6378 Ground Total Depth 7663' PBD 7650'

Top Oil/Gas Pay 7417 Name of Prod. Form. Dakota

PRODUCING INTERVAL - 7530-7536 2 SPT

Perforations 7417-7426 2 SPT; 7432-7440 2 SPT; 7500-7522 4 SPT

Open Hole _____ 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 -

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

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

Test After Acid or Fracture Treatment: 2398 MCF/Day; Hours flowed _____

Choke Size 3/4 Method of Testing: Multi Point Back Pressure Test

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 Gathering System

Remarks: _____

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

Approved October 27 OCT 28 1964, 1964

Astec Oil & Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____
(Signature)

By: Original Signed Emery C. Arnold

Title District Superintendent
Send Communications regarding well to:

Title Supervisor Dist. # 3

Name Astec Oil & Gas Company
Drawer 570, Farmington, New Mexico

