

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 QUADRUPPLICATE 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.

Farlington, New Mexico September 20, 1959
(Place) (Date)

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

Astec Oil and Gas Company Arizona-Jicarilla, Well No. 3, in SE 1/4 1/4,
(Company or Operator) (Lease)
I, Sec. 35, T. 25N, R. 1W, NMPM., Santa Lucas-Pictured Cliffs Pool

Unit Letter

No Arriba

County. Date Spudded 9/1/59 Date Drilling Completed 9/2/59
Elevation 7270 Total Depth 3685 PBD 350

Please indicate location:

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

Top Oil/Gas Pay 3562 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3564-3586, 3608-3618

Open Hole _____ Depth _____
Casing Shoe 3560 Depth _____
Tubing 3596

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 _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>3 5/8</u>	<u>102</u>	<u>100</u>
<u>3 1/2</u>	<u>360</u>	<u>75</u>
<u>2 3/8</u>	<u>3596</u>	<u>---</u>

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

Test After Acid or Fracture Treatment: AP 2328 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Back pressure

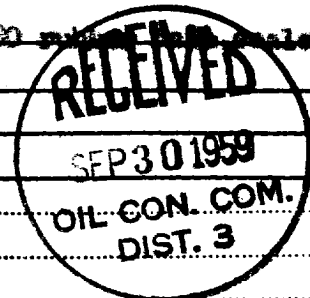
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 15,000 sand and 1170 bbls. water, 20 m. of 2 1/2" casing

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

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 SEP 30 1959, 19____

Astec Oil and Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

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

By: Original Signed Emery C. Arnold

Title: District Superintendent
Send Communications regarding well to:

Title: Supervisor Dist. # 3

Name: Astec Oil and Gas Company

Address: Box 706, Farlington, New Mexico

OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

No. Copies Received **6**

DISTRIBUTION

	NO. FURNISHED	
Director	3	
State PB	1	
Production Office	1	
State Land Office		
U. S. G. S.		
TRANSPORT		
File	1	<input checked="" type="checkbox"/>