

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.

Farmington, New Mexico October 27, 1959
(Place) (Date)

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

Astec Oil and Gas Company Arizona-Jicarilla, Well No. 4, in NM 1/4 1/4,
(Company or Operator) (Lease)

D, Sec. 36, T. 25N, R. 4W, NMPM., Santa Blanco-Pictured Cliffs Pool
Unit Letter

Mio. Arriba

County. Date Spudded 9/20/59 Date Drilling Completed 9/24/59

Please indicate location:

Elevation 7291 Total Depth 3753 PBD 3753

Top Oil/Gas Pay 3571 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3614-3632, 3636-3665

Open Hole _____ Depth _____
Casing Shoe 3753 Tubing 3658

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 (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: AG 1,950 MCF/Day; Hours flowed 3 hrs.

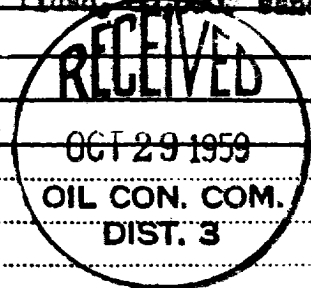
Choke Size 3/4 Method of Testing: Back pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 42,000 gallons water and 7140 gal. flush, 40,000 sand
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 October 27, OCT 29 1959, 19 59

Astec Oil and Gas Company
(Company or Operator)

ORIGINAL SIGNED BY JOE C. SALMON

By: _____
(Signature) Joe C. Salmon

OIL CONSERVATION COMMISSION

By: Ernest Emery C. Arnold

Title District Superintendent
Send Communications regarding well to:

Title Supervisor Dist. # 3

Name Astec Oil and Gas Company

Address Box # 786, Farmington, New Mexico

OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received 6		
DISTRIBUTION		
	NO. FURNISHED	
Operator	1	
State As	1	
Production Office	1	
State Land Office		
U. S. G. S.		
Transporter		
File	1	✓