

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.

San Antonio, New Mexico
(Place)

October 24, 1959
(Date)

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

Astec Oil and Gas Company (Company or Operator) Willow (Lease), Well No. 2-A, in 1/4 1/4

M Sec. 17, T. 27-N, R. 11-E, NMPM, Willow Pool

Unit Letter

San Juan

County. Date Spudded 8/24/59 Date Drilling Completed 9/7/59

Please indicate location:

Elevation 6171 Total Depth 6510 PBTD 6188

Top Oil/Gas Pay 6416 Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6416-6418

Open Hole Depth 6510' Casing Shoe 6510' Depth 6418' Tubing

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: AGF 507 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): 65,000 sand and 75,450 gallons water

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 13 1959, 19 Astec Oil and Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original signed Emory C. Arnold
Title: District Superintendent

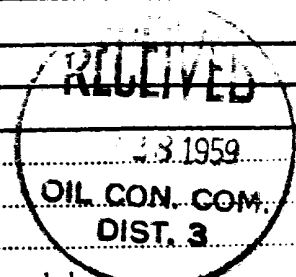
Title: Supervisor Dist. # 3

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

Title: District Superintendent
Send Communications regarding well to:

Name: Astec Oil and Gas Company

Address: Box 734, San Antonio, New Mexico



OIL CONSERVATION COMMISSION

DISTRICT OFFICE

6

SECTION

RECEIVED

U. S. G. S.

Transporter

File

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