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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

REQUEST FOR ~~WELL~~ - (GAS) ALLOWABLE

New Well
~~XXXXXXXXXX~~

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 September 22, 1961
(Place) (Date)

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

Astec Oil & Gas Company Hanks, Well No. 15-D, in NE 1/4 1/4,
(Company or Operator) (Lease)

B, Sec. 6, T. 27N, R. 9W, NMPM., Basin Dakota P. 0
Unit Letter

San Juan

Please indicate location:

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

County. Date Spudded 8/7/61 Date Drilling Completed 8/30/61
Elevation 6143 G.L. Total Depth 6756 PBTD 6720
Top Oil/Gas Pay 6588 Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6546-6550, 6590-6612, 6650-6660, 6682-6688 with 4 shots / 0'
Open Hole _____ Depth _____ Casing Shoe 6755 Tubing 6517

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: ACF - 4070 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): Fraced with 50,000# sand, 1673 bbls. water, 1.5 gal. HCl

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 September 22 SEP 27 1961, 1961

Astec Oil & Gas Company
(Company or Operator)

ORIGINAL SIGNED BY JOE C. SALMON

By: _____ (Signature) Joe C. Salmon

Title: District Superintendent
Send Communications regarding well to:

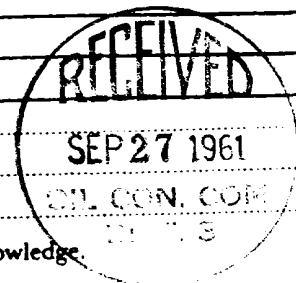
Name: Astec Oil & Gas Company

Address: Drawer # 570, Farmington, New Mex.

OIL CONSERVATION COMMISSION

By: (Original Signed) Emery C. Arnold

Title: Supervisor Dist. # 3



SPARK		
DIE		
ALCOHOL		
NUMBER OF		2
SANTA FE		
FILM		
U.S.C.S.		
LAMP		
TRANSPORTER	OIL	
PROJECTION		
OPERATOR		

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