

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REPLY EST FOR ~~XXXXX~~ (GAS) ALLOWABLE

New Well
~~XXXXXXXXXX~~

This form shall be submitted by the operator before an oil 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.

Frankington, New Mexico
(Place)

July 5, 1961
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS

Astec Oil and Gas Company
(Company or Operator)

Dist.
(License)

Well No. **22-D**, in **MI** $\frac{1}{4}$ $\frac{1}{4}$,

T. 22N, **R. 9W**, **NMDM**, **San Juan** Pool

Unit Letter

San Juan

County, Date Spudded **5/27/61**, Date Drilling Completed **6/16/61**

Elevation **5833 O.L.**, Total Depth **6762** PBD **6723**

Top Oil/Gas Pay **6535**, Name of Prod. Form. **San Juan**

Please indicate location:

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

PRODUCING INTERVAL -

Perforations **6476-28, 6535-28, 6592-6612 with 4 shots per foot**

Open hole Depth **6760**, Casing Shoe **6760**, Depth Tubing **6435**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

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 (prior, back pressure, etc.): _____

Test After Acid or Fracture Treatment: **657-6610** MCF/Day; Hours flowed **3 hrs.**

Choke Size **3/4"** Method of Testing: **back-pressure**

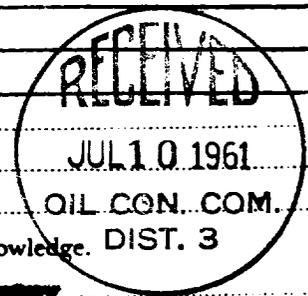
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **Frased with 67,000 gal. 1606 H₂O, 1606 H₂O, 1606 H₂O, 1606 H₂O.**

Casing Press. _____ Tubing Press. _____ Date first new 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 **July 5,** JUL 10 1961 **61**

Astec Oil and Gas Company

(Company or Operator)

ORIGINAL SIGNED BY **JOE C. SALMON**

By: _____ (Signature) **Joe C. Salmon**

OIL CONSERVATION COMMISSION

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: **Drawer # 570, Frankington, New Mexico**