

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 April 12, 1960
(Place) (Date)

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

Astec Oil & Gas Company Astec, Well No. 7, in SE 1/4 1/4,
(Company or Operator) (Lease)
I, Sec. 14, T. 28N, R. 11W, NMPM, Undesignated - Dakota Pool
Unit Letter

San Juan

County. Date Spudded 3/8/60 Date Drilling Completed 3/27/60
Elevation 5699 G.L. Total Depth 6395 PBTD 6357
Top Oil/Gas Pay 6170 Name of Prod. Form. Dakota

Please indicate location:

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

PRODUCING INTERVAL -

Perforations _____ Depth _____ Depth _____
Open Hole _____ Casing Shoe _____ Tubing _____

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 _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8</u>	<u>327</u>	<u>250</u>
<u>4 1/2</u>	<u>6395</u>	<u>400</u>
<u>2 3/8</u>	<u>6152</u>	<u>---</u>

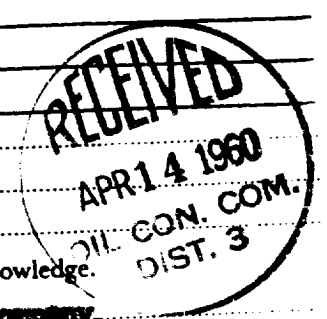
Method of Testing (pitot, back pressure, etc.): _____
Test After Acid or Fracture Treatment: ACF - 24, 145 MCF/Day; Hours flowed 3 hrs.
Choke Size 3/4 Method of Testing: Back pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Sand-water free with 1000 lbs. water and 90,000# 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 April 12 APR 14 1960, 19 60 Astec Oil and Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

Original Signed By

By: A. R. KENDRICK

Title PETROLEUM ENGINEER DIST. NO. 3

By: ORIGINAL SIGNED BY JOE C. SALMON

(Signature) Joe C. Salmon

Title District Superintendent

Send Communications regarding well to:

Name Astec Oil & Gas Company

Address Box # 786, Farmington, New Mexico

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
NUMBER OF COPIES RECEIVED		5
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