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NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)

Revised 7/1/57

State of New Mexico

REPORT FOR (OIL) - (GAS) AND (WATER) TABLE

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 psi at 60° Fahrenheit.

Farmington, New Mexico

April 11, 1961

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS

Astec Oil and Gas Company

Bigood

Well No. **21-6**

in **SW**

$\frac{1}{4}$ $\frac{1}{4}$

(Company or Operator)

K Sec. **20**

T. 29N

R. 13W

NMDM

Total Callup

Page

Unit Letter

San Juan

Course Drilling Date **3/25/61**

Date Drilling Completed **4/2/61**

Elevation **5042 O.L.**

Total Depth **5317** PBD **3252**

Top Oil/Gas Pay **4876**

Name of Prod. Form. **Callup**

PRODUCING INTERVAL

Performances **5042-5252 with 6 shots per foot**

Open Hole Depth **5314** Depth Casing Shoe **5314** Depth Tubing **3252**

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): **368** bbls. oil, **0** bbls water in **24** hrs, _____ min. Choke **20/64**

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (choker, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **Fraced with 25,000# sand, 80# Hls. oil, flushed with 120 Hls. oil**

Casing Press. _____ Tubing Press. _____ Date first new oil run to tanks **4/9/61**

Oil Transporter **El Paso Natural Gas Products (via New Mexico Tankers)**

Gas Transporter _____

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved **April 11** **APR 13 1961** **61** **Astec Oil and Gas Company**
(Company or Operator)

OIL CONSERVATION COMMISSION

By: **Original Signed Emery C. Arnold**

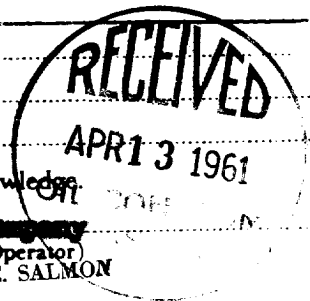
Title Supervisor Dist. # **3**

Title **District Superintendent**

Send Communications regarding well to:

Name **Astec Oil and Gas Company**

Address **Drawer # 570, Farmington, New Mex.**



STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
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