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TRANSPORTER	OIL	
	GAS	
PRODUCTION OFFICE		
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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.

Paradise

1-7-65

(Place)

(Date)

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

Astec Oil & Gas Company

COLEMAN

, Well No. 1, in NE $\frac{1}{4}$ SW $\frac{1}{4}$,

(Company or Operator)

(Lease)

K Sec. 18, T. 29N, R. 11W, NMPM., Falcher-Eats Pool

Unit Letter

San Juan

County. Date Spudded 10-31-64

Date Drilling Completed 11-9-64

Please indicate location:

Elevation _____ Total Depth 1927 PBD one

Top Oil/Gas Pay _____ Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 1924-1924 58 shots

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ 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 - Absolute Potential 2261

Natural Prod. Test: 1663 MCF/Day; Hours flowed _____ Choke Size 3/4

Method of Testing (pitot, 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): 10,000 20-40; 10,000 10-20 oil; 750 gal. water

Casing _____ Tubing _____ Date first new _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter Southern Union Gathering System

Remarks: _____

Reconnected 11-18-64

OLD WELL WORKED OVER

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved JAN 11 1965, 19 _____, Astec Oil & Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

By: _____ ORIGINAL SIGNED BY JOE C. SALMON
(Signature)

Title District Superintendent

Send Communications regarding well to:

Name Astec Oil & Gas Company

Address Box 770, Paradise, New Mexico

