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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico REQUEST FOR ~~WELL~~ - (GAS) ALLOWABLE

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

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 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
(Place)

August 10, 1961
(Date)

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

Astec Oil & Gas Company
(Company or Operator)

Consens
(Lease)

Well No. 6-D, in SW $\frac{1}{4}$ $\frac{1}{4}$

L, Sec. 18, T. 29N, R. 11W, NMPM, Basin Dakota Pool

San Juan

County. Date Spudded 7/9/61

Date Drilling Completed 7/24/61

Please indicate location:

Elevation 5648 G.L. Total Depth 6510 PBTD 6481

Top Oil/Gas Pay 6300 Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6221-6236, 6300-6330-, 6450-6458 with 4 shots per foot

Open Hole _____ Depth _____ Casing Shoe 6509 Depth _____ Tubing 6215

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 -

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

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

Test After Acid or Fracture Treatment: ACF- 3789 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 68,000# sand, 140# Bbls. water, flushed w/ 160 Bbls. water

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 AUG 14 1961 August 10, 19 61

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:

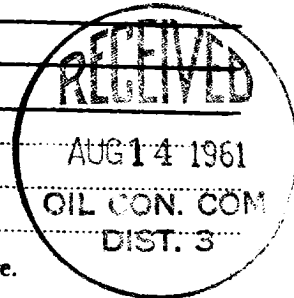
Name Astec Oil & Gas Company

Address Drawer # 570, Farmington, New Mexico

OIL CONSERVATION COMMISSION

By: (Original Signed Emery C. Arnold)

Title Supervisor Dist. # 3



STATE OF NEW MEXICO	
OIL CONSERVATION COMMISSION	
AZTEC DISTRICT OFFICE	
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