

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 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.

Farlington, New Mexico
(Place)

April 17, 1959
(Date)

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

Astec Oil & Gas Company (Company or Operator) Hare (Lease), Well No. 9, in NE $\frac{1}{4}$ NE $\frac{1}{4}$, A Sec. 1, T. 29N, R. 10E, NMPM., ASTEC Pool

San Juan

Please indicate location:

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

County. San Juan Date Spudded 3/28/59 Date Drilling Completed 4/3/59
Elevation 5736 Total Depth 2178 PBTD 2158

Top Oil/Gas Pay 2123 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2123-2136, 2139-2151

Open Hole _____ Depth _____ Casing Shoe 2178 Depth _____ Tubing 2152

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 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>3 5/8"</u>	<u>136</u>	<u>100</u>
<u>1 1/2"</u>	<u>2178</u>	<u>75</u>
<u>1"</u>	<u>2152</u>	

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

Test After Acid or Fracture Treatment: ADF-2063 MCF/Day; Hours flowed 3

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): Water - 14,070 gals. / Sand - 60,000

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

Oil Transporter _____

Gas Transporter Southern Union

Remarks: _____

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

Approved April 21, 1959 19 59
APR 21 1959

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold
Title Supervisor Dist. # 3

ASTEC OIL & GAS COMPANY
(Company or Operator)

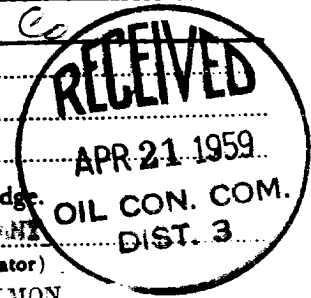
By: ORIGINAL SIGNED BY JOE C. SALMON
(Signature) Joe C. Salmon

Title District Superintendent

Send Communications regarding well to:

Name Astec Oil & Gas Company

Address Box 736, Farlington, New Mexico



OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received <u>2</u>		
DISTRIBUTION		
Director	<input checked="" type="checkbox"/>	
Asst. Dir.	<input checked="" type="checkbox"/>	
Chief Clerk	<input checked="" type="checkbox"/>	
Chief of Police	<input checked="" type="checkbox"/>	
Chief of Fire	<input checked="" type="checkbox"/>	
Chief of S.S.	<input checked="" type="checkbox"/>	
Transporter	<input checked="" type="checkbox"/>	
File	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>