

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR ~~WELL~~ - (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.

Farmington, New Mexico October 26, 1959
(Place) (Date)

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

Astec Oil and Gas Company Harc, Well No. 13, in SE 1/4 1/4,
(Company or Operator) (Lease)
0, Sec. 3, T. 29N, R. 10W, NMPM., Astec - Pictured Cliffs Pool
Unit Letter

San Juan County. Date Spudded 9/19/59 Date Drilling Completed 9/25/59
Please indicate location: Elevation 5844 Total Depth 2360 PBTD 2359
Top Oil/Gas Pay 2291 Name of Prod. Form. Pictured Cliffs

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

PRODUCING INTERVAL -

Perforations 2309-2324, 2330-2350
Open Hole _____ Depth _____
Casing Shoe 2359 Tubing 2353

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. 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: AOF 1,516 MCF/Day; Hours flowed 3 hrs.

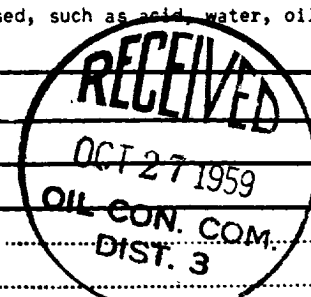
Choke Size 3/4 Method of Testing: Back pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1042 bbls. water and 60,000# 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 OCT 27 1959, 19 Astec Oil and Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

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

By: Original Signed Mary C. Arnold Title District Superintendent

Title Supervisor Dist. # 3 Send Communications regarding well to:

Name Astec Oil and Gas Company

Address Box # 786, / Farmington, New Mexico

OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received		5
DISTRIBUTION		
	No. Distributed	
Director	2	
San Antonio	1	
Production Office	1	
State Land Office		
U. S. G. S.		
Transporter		
File	1	<input checked="" type="checkbox"/>