

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.

Farmington, New Mexico

March 16, 1960

(Place)

(Date)

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

Astec Oil & Gas Company

Wye

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

(Company or Operator)

(Lease)

L

Sec. 12

T. 30N

R. 11-W

NMPM.

Astec, Pictured Cliffs

Pool

Unit Letter

San Juan

County. Date Spudded 2/23/60

Date Drilling Completed 2/27/60

Please indicate location:

Elevation 5923 O.L.

Total Depth 2525 PBTD 2489

Top Oil/Gas Pay 2432

Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2436-2461,

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ Tubing 2499

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

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 _____

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

Test After Acid or Fracture Treatment: AOF 3184 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): Sand-water fraced with 40,000# sand & 830 bbls. water, 15 gal.
Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter Southern Union Gathering System

Remarks: _____

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

Approved March 16 MAR 21 1960, 1960

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 Box # 786, Farmington, New Mexico

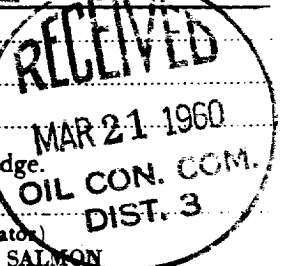
OIL CONSERVATION COMMISSION

Original Signed Emery C. Arnold

By: _____

Supervisor Dist. # 3

Title _____



STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
ALBUQUERQUE DISTRICT OFFICE		
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OPERATION	2	