

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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.

Farrington
(Place)

July 7, 1964

(Date)

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

Astec Oil & Gas Company

(Company or Operator)

Well No. 11, in 1/4 3 1/4,

(Lease)

Sec. 1, T. 30N, R. 4E, NMPM., basin, Dakota Pool

Unit Letter

San Juan

County. Date Spudded 5-25-64

Date Drilling Completed 6-14-64

Elevation 5971 Ground Total Depth 7226 FBTD 7193

Top Oil/Gas Pay 6941 Name of Prod. Form. Dakota

Please indicate location:

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

PRODUCING INTERVAL -

Perforations 6941-46; 6953-57; 7020-7034; 7064-87

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

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: _____ MCF/Day; Hours flowed _____

Choke Size 3/4 Method of Testing: Multi-Point Back Pressure Test

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 50,000; 20-40 sand; 10,000; 10-20 sand

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

Oil Transporter Matson

Gas Transporter Southern Union Gathering

(FOOTAGE)
Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>6-5/8"</u>	<u>273.88</u>	<u>225</u>
<u>4-1/2"</u>	<u>7216</u>	<u>550</u>
<u>2-3/8"</u>	<u>6948</u>	

Remarks:

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

Approved July 7 JUL 10 1964, 19 64

Astec Oil & Gas Company

(Company or Operator)

ORIGINAL SIGNED BY JOE C. SALMON

By: Joe C. Salmon
(Signature)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

Title District Superintendent

Send Communications regarding well to:

Name Astec Oil & Gas Company

