ſ	NO. OF COPIES RECE	i		
1	DISTRIBUTION		5	
	SANTA FE		1	
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	U.\$.G.S.	s.g.s.		
	LAND OFFICE			
	TRANSPORTER	OIL		
	TRANSI ORTER	GAS	1	
	OPERATOR		2	
I.	PRORATION OFFICE			<u> </u>

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DISTRIBUTION 5		NEW MEXICO OIL CONSERVATION COMMISSION Form C-104			
SANTA FE	REQUEST FOR ALLOWABLE Supersedes AND				
FILE / /	IDAL CAT				
LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATO	JRAL GAS		
TRANSPORTER OIL					
OPERATOR 7					
OPERATOR 2 PRORATION OFFICE					
Operator Astec Oil and Gas	- Constant				
Address	on Mars Marsian				
Reason(s) for filing (Check proper be		Other (Please expl	ain)		
New Well	Change in Transporter of:				
Recompletion	Oil Dry Ga	s 💆			
Change in Ownership	Casinghead Gas Conden	sate			
If change of ownership give name					
and address of previous owner					
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind	i of Lease Lease No.		
M/e	14 Basin Bake	State State	e, Federal or Fee <b>Federal</b>		
Location		1 PMA	120		
Unit Letter;;	1780 Feet From TheLin	e and <b>1570</b> Fe	eet From The		
Line of Section 13	ownship 301 Range	, NMPM,	San Juan County		
Name of Authorized Transporter of C	RTER OF OIL AND NATURAL GA	Address (Give address to wh	ich approved copy of this form is to be sent)		
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas	Address (Give address to wh	ich approved copy of this form is to be sent)		
		1	ield, Hew Mexico		
Southern Union Cathe	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
If well produces oil or liquids, give location of tanks.		mo			
If this production is commingled V. COMPLETION DATA	with that from any other lease or pool,		nber:		
Designate Type of Comple	tion — (X)	New Well Wolkovel	1 1 1 1		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
2/16/66	3/12/66	7255	721.9		
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
6100 GR	Dakota	7016	7167 Depth Casing Shoe		
Perforations	man mon room h	*****	7253		
7016-28, 709/-1132,	7167-72, 7197-7202, 4 5	D CEMENTING RECORD			
HOLE SIZE	- CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
121	8-5/8" 244	323	170 sx		
64	10.54 & 11.64	7253	895 ax		
	2-3/8" 4.7#	7167			
TOTAL AND DECLIES	EOD ALLOWARIE (Test must be o	ofter recovery of total volume o	of load oil and must be equal to or exceed top allo		
V. TEST DATA AND REQUEST OIL WELL	able for this de	epth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	mp, gas lift, etc.)		
	Tubing Pressure	Casing Pressure	Choke		
Length of Test	I don't Present				
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gan 1660		
			MAY 191966		
			Gravity Condend 5		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of condentate		
a.36	3 hours				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	) Choke Size		
back pressure	223	667	3/4"		
VI. CERTIFICATE OF COMPLIA			OIL CONSERVATION COMMISSION		
		II	19 1966 <b></b>		
Commission have been complie	nd regulations of the Oil Conservation d with and that the information given	AFFROVED C. A-mold			
above is true and complete to	the best of my knowledge and belief.	BY_ Original bigiton =1 -			
			TITLE SUPERVISOR DIST #3		
		<b>  </b>	filed in compliance with RULE 1104.		
CRIGINAL SIGNED I	BY JOE C. SALMON	If this is a sequent	for allowable for a newly drilled or deepen		
(5	ignature)		accompanied by a tabulation of the deviati		

District Superintendent (Title)

17, 1966 (Date)

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.