

REQUEST FOR (OIL) ~~WATER~~ 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
(Place)

July 9, 1958
(Date)

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

Astec Oil & Gas Company Uta-Indian, Well No. 1-B, in SE $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)
P, Sec. 24, T 31-N, R. 15-W, NMPM, Verde-Gallup Pool
Unit Letter

San Juan

County. Date Spudded April 17, 1958 Date Drilling Completed July 1, 1958

Please indicate location:

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

Elevation 5553 Total Depth 3360 PBD

Top Oil/Gas Pay 3327 Name of Prod. Form. Lower Gallup

PRODUCING INTERVAL -

Perforations

Open Hole 3204 - 3360 Depth Casing Shoe 3204 Depth Tubing 3335

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 load oil used): swab test 120 bbls. oil, 0 bbls water in 6 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: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 997 barrels oil and 40,000 lbs. sand

Casing _____ Tubing _____ Date first new Press. _____ Press. _____ oil run to tanks July 2, 1958

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter _____

Remarks:

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

Approved JUL 14 1958, 19____

ASTEC OIL & GAS COMPANY

(Company or Operator)

ORIGINAL SIGNED BY JOE G. SALMON

By: _____
(Signature)

Title District Superintendent

Send Communications regarding well to:

Name Joe G. Salmon

Address Box 786, Farmington, New Mexico

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title _____ Supervisor Dist. # 3

OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received <u>2</u>		
DISTRIBUTION		
	NO. FURNISHED	
Operator	<u>2</u>	
Santa Fe	<u>1</u>	
Operation Office	<u>1</u>	
State Land Office		
U. S. G. S.		
Transporter		
File	<u>1</u>	<input checked="" type="checkbox"/>