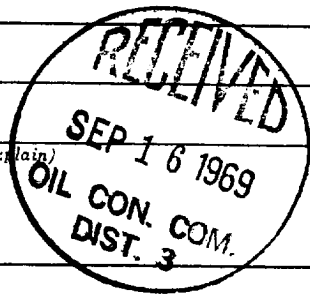


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OPERATOR		2
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

B.T.



I. Operator  
Astec Oil & Gas Company  
Address  
Drawer 570, Farmington, New Mexico  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Middle Canyon</u>	Well No. <u>#1</u>	Well Name, Including Formation <u>Unders. <del>Williston</del> Dakota</u>	Kind of Lease State, Federal or Fee <u>14-20-604-5546</u>	Lease No.
Location Unit Letter <u>K</u> ; <u>1600</u> Feet From The <u>South</u> Line and <u>2500</u> Feet From The <u>West</u> Line of Section <u>14</u> Township <u>32North</u> Range <u>15</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <u>New Mexico Tankers to Plateau</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2151, Farmington, New Mexico</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

If well production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Restv. <input type="checkbox"/> D.H. <input type="checkbox"/> Reinf.		
Date Spudded <u>8-24-69</u>	Date Compl. Ready to Prod. <u>9-12-69</u>	Total Depth <u>3495</u>	P.B.T.D. <u>3400-3324</u>
Elevations (DF, RKB, RT, GR, etc.) <u>3052 Gr</u>	Name of Producing Formation <u>Dakota</u>	Top Oil/Gas Pay <u>3272</u>	Tubing Depth <u>3287</u>
Perforations <u>3272-84, 3298-3306, 3250-79</u>			Depth Casing Shoe <u>3495</u>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	302	210 sz
6-3/4	4-1/2	3495	200 sz
	2-3/8	3287	

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>9-12-69</u>	Date of Test <u>9-14-69</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 Hrs</u>	Tubing Pressure <u>0</u>	Casing Pressure <u>0</u>	Choke Size <u>0</u>
Actual Prod. During Test <u>120 Bbls</u>	Oil - Bbls. <u>122 Bbls.</u>	Water - Bbls. <u>7 Bbls</u>	Gas - MCF <u>TSTM</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

IX. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Joe C. Delmonico  
(Signature)  
District Superintendent  
(Title)  
September 15, 1969  
(Date)

OIL CONSERVATION COMMISSION

SEP 16 1969

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by Emery C. Arnold  
TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
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.  
Complete Section VII for each pool in multiply