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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

HOBBS OFFICE
MAR 1 3 28 PM '66

I. OPERATOR

Astec Oil & Gas Company

Address
P. O. Box 837, Hobbs, New Mexico

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☒ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

Other (Please explain)
Plugged back from Harv-Simpson to the Wantz Abo.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Dauron	Well No. 3	Pool Name, Including Formation Wantz Abo	Kind of Lease State, Federal or Fee Fee
Location			
Unit Letter A	330	Feet From The North	Line and 990
Line of Section 10		Township 21-S	Range 37-E
		NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1135, Eunice, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 10	Twp. 21-S
		Rge. 37-E	Is gas actually connected? Yes
			When February 28, 1966

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-222**

IV. COMPLETION DATA

Designate Type of Completion -- (X)	X	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res'ty. <input type="checkbox"/> Diff. Res'ty. <input checked="" type="checkbox"/>	
Date Began Recomp. 2/16/66	Date Compl. Ready to Prod. February 28, 1966	Total Depth 7780	
Pool Wantz Abo	Name of Producing Formation Abo	Top Oil/Gas Pay 6847	
Perforations 6847, 49, 51, 53, 79, 81, 83, 6920, 22, 41, 43, 85, 87, 94, 96, 7005, 07, 11, 13, 7143, 45, 75, 77, 7213, 15, 35, 37, 55, 57, 82, 84, 7310, 13, 59, 61, 63, 75, and 77.		Tubing Depth 6794	
TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe 7772	
HOLE SIZE 17-1/4	CASING & TUBING SIZE 13-3/8	DEPTH SET 225	SACKS CEMENT 200
11	8-5/8	3003	1800
7-3/8	5-1/2	7772	350
	2-3/8 BUE	6794	None

V. 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 2/28/66	Date of Test 2/28/66	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hrs.	Tubing Pressure 325	Casing Pressure Packer	Choke Size 32/64
Actual Prod. During Test 91.77 Bbls.	Oil-Bbls. 91.77	Water-Bbls. None	Gas-MCF 167

GAS WELL

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

VI. 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.

original signed by:
LESTER L. DUNK

(Signature)
District Superintendent

(Title)
March 1, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE _____

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 Sections I, II, III, and VI only 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.

NOBBE OFFICE 0. C. C.
MAR 1 3 30 PM '38