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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
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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

JUN 9 1 54 PM '65

I. **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 (if different from above) **Plug back from Wantz Abo and dual completed in Blinbry and Brinkard.**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Outman	Well No. Pool Name, including Formation 2 Brinkard	Kind of Lease State, Federal or Fee Fee
Location Unit Letter L ; 1980 Feet From The South Line and 990 Feet From The West Line of Section 11 , Township 21-S Range 37-E , NMFM, 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) Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Co.	Address (Give address to which approved copy of this form is to be sent) Elmico, New Mexico
If well produces oil or liquids, give location of tanks. Unit L Sec. 11 Twp. 21 Rge. 37	Is gas actually connected? Yes When 7/8/65

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input checked="" type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input checked="" type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input checked="" type="checkbox"/> Diff. Res'v.
Date Began Workover 6/21/65	Date Compl. Ready to Prod. 7/8/65	Total Depth 7200	F.B.T.D. 6764					
Pool Brinkard	Name of Producing Formation Brinkard	Top Oil/Gas Pay 6467	Tubing Depth 6098					
Perforations 6467, 6495, 6505, 6555, 6570, 6571, 6583, 6594, 6601, 6604, 6607, 6610, 6623, 6625, 6654			Depth Casing Shoe 7200					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		336		300			
12-1/4	9-5/8		3008		890			
8-3/4	7		6000					
7-7/8	4-1/2		1200		930			

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 7/7/65	Date of Test 7/8/65	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hrs.	Tubing Pressure 300	Casing Pressure Packer	Choke Size 24/64
Actual Prod. During Test 568bbls. Total Fluid	Oil-Bbls. 38	Water-Bbls. 12	Gas-MCF 46

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 DUKE

District Superintendent

July 9, 1965

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.