DISTRIBUTION					
BANTA FF					
FILE					
U.S.G.S.					
LAND OFFICE					
	OIL				
TRANSPORTER	GAS				
PRORATION OFFI					
OPERATOR					

NEXICO OIL CONSERVATION COMMISSION Revised 7/1/57 Santa Fe, New Mexico

REQUEST FOR (OIL) - ALLOWAPLE

New Well TO STORE STORE GOD

(Form C-104)

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.

			NG AN ALLOWABLE FOR A WELL KNOWN AS:	110
Astec	pany or Ope		ny	•
G.	, Sec.		., T24-8, R	Pool
			County. Date Spudded. 10-16-64 Date Drilling Completed	10-26-64
	indicate le		Elevation 3391 CB Total Depth 3930 K.B. PBTD	09(K .B.
DC	; B	A	Top Oil/Gas Pay 3722 Name of Prod. Form. Seven Rive	
			PRODUCING INTERVAL - Perforations 3722-26 W/4 Holes & 3734-36 W/4 Holes	
E I	G	H	Depth Depth	3757
	0		OIL WELL TEST -	
LI	C J	I	Natural Prod. Test:bbls.oil,bbls water inhrs,	Choke min. Size
		╞╌╦╌┥	Test After Acid or Fracture Treatment (after recovery of volume of oil equ	Choke
1 M		P	load oil used): 42 bbls.oil, 126 bbls water in 24 hrs, 0	_min. Size_ 2
			GAS WELL TEST -	
1980 17	00TAGE)	FRI.	Natural Prod. Test:MCF/Day; Hours flowedChoke	Size
ubing ,Casi	ng and Ceme	_		
Sire	Feet	Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours	flowed
8-5/8 359 250		250	Choke SizeMethod cf Testing:	
4-1/2	L/2 3929 250		Acid or Fracture Treatment (Give amounts of materials used, such as acid, sand): 250 gale. 755 spearneed Acid. Frac v/20,000 gale	water, oil, and
2-3/8	3757		Casing Tubing Date first new Press. 25 Press. 25 oil run to tanks January 8, 1969	
E-3/0 3171			Oil Transporter The Permian Corporation	
	L		Gas Transporter Neme	
emarks:				
			the state of the second	
I hereb	y certify th	at the inf	ormation given above is true and complete to the best of my knowledge.	
pproved			19	
OI	L , CONSE J	RVATION	COMMISSION By:	
	*)	District Severintendent	
\leq				
			TitleSend Communications regarding w NameAztec 011 & Gas Company	ell to: