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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

COPY

Aztec Energy Corporation

Address
1206 East 20th Street, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

Notification of Gas Connection

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "O"	Well No. 2	Pool Name, including Formation Chacon Dakota Extension	Kind of Lease Jicarilla State, Federal or Fee	Lease No. 417
Location Unit Letter <u>A</u> ; <u>790</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>10</u> Township <u>22 North</u> Range <u>3 West</u> , NMPM, <u>Sandoval</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) 5107 N. 7th Street, Phoenix, Arizona 85014	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 1492, El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>10</u>
	Twp. <u>22N</u>	Rge. <u>3W</u>
	Is gas actually connected?	When <u>May 7, 1982</u>

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

COMPLETION DATA

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 Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12-12-81	Date Compl. Ready to Prod. 4-3-82		Total Depth 6850'		P.B.T.D. 6825'			
Elevations (DF, RKB, RT, GR, etc.) 7096' RKB	Name of Producing Formation Dakota		Top Oil/Gas Pay 6690'		Tubing Depth 6755'			
Perforations 6690 - 6710					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8 24#	268'	175 sacks
7 7/8	4 1/2 10.5#, 11.6#	6850'	1st stage 470 sacks
			2nd stage 375 sacks
	2 3/8 tubing	6755'	3rd stage 250 sacks

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 4-3-82	Date of Test 4-3-82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 265#	Casing Pressure 350#	Choke Size None
Actual Prod. During Test 168	Oil - Bbls. 168	Water - Bbls. 8 BW	Gas - MCF 150 est.

GAS WELL

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.Wayne Townsend
V.P. of Operations

(Signature)

(Title)

May 17, 1982

(Date)

OIL CONSERVATION DIVISION

MAY 20 1982

APPROVED _____, 19____

Original Signed by FRANK T. CHAVEZ

BY _____

TITLE SUPERVISOR DISTRICT # 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 allow-
able 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.

Separate Forms C-104 must be filed for each pool in multiply