

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

**COPY**

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

Operator  
**AZTEC ENERGY CORPORATION**

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

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	<i>Gas connection add transporter</i>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Jicarilla "0"</b>	Well No. <b>#3</b>	Pool Name, Including Formation <b>Chacon Dakota Extension</b>	Kind of Lease State, Federal or Fee <b>Jicarilla</b>	Lease No. <b>417</b>
Location				
Unit Letter <b>I</b>	<b>1705</b> Feet From The <b>South</b> Line and <b>865</b> Feet From The <b>East</b>			
Line of Section <b>10</b>	Township <b>22N</b>	Range <b>3W</b>	, NMPM, <b>Sandoval</b> County	

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>Giant Refining Company</b>	<b>5107 N. 7th Street, Phoenix, Arizona 85014</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>El Paso Natural Gas Company</b>	<b>PO Box 1402, El Paso, Texas 79978</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>I</b>	Sec. <b>10</b>	Twp. <b>22N</b>	Rge. <b>3W</b>
	Is gas actually connected?			When
	<b>Yes</b>			<b>Jan. 17, 1983</b>

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>7/18/82</b>	Date Compl. Ready to Prod. <b>8/28/82</b>	Total Depth <b>6860'</b>		P.B.T.D. <b>6831</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>7106' GR</b>	Name of Producing Formation <b>Dakota</b>		Top Oil/Gas Pay <b>6676'</b>		Tubing Depth <b>6750'</b>			
Perforations <b>6676' - 6786'</b>					Depth Casing Shoe			

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12 1/4"</b>	<b>8 5/8"-24.0#/ft.</b>	<b>291'</b>	<b>200 sks</b>
<b>7 7/8"</b>	<b>4 1/2"-10.0#/ft. &amp; 11.6#/ft.</b>	<b>6860'</b>	<b>1st stage-525 sks.</b>
	<b>2 3/8"-4.7#/ft.</b>	<b>6750'</b>	<b>2nd stage-270 sks.</b>
			<b>3rd stage-360 sks.</b>

**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 <b>8/28/82</b>	Date of Test <b>9/9/82</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>80 psi</b>	Casing Pressure <b>80 psi</b>	Choke Size <b>0.375"</b>
Actual Prod. During Test <b>48 bls.</b>	Oil-Bbls. <b>48</b>	Water-Bbls. <b>12 BLW</b>	Gas-MCF <b>48.5</b>

**GAS WELL**

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

**CERTIFICATE OF COMPLIANCE**

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.

*Ronnie W. Allen*  
(Signature)  
**Geologist**  
(Title)  
**May 4, 1983**  
(Date)

APPROVED \_\_\_\_\_, 1983  
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 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.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

**RECEIVED**  
MAY 4 - 1983  
OIL CON. DIV.  
DIST. 3