ſ	NO. OF COPIES RECE	3				
t	DISTRIBUTIO	N				
- 1	SANTA FE		/			
1	FILE					
	U.S.G.S.					
	LAND OFFICE					
	TRANSPORTER	OIL GAS	1			
	OPERATOR					
1.	PRORATION OFFICE					
	Operator					
	Aztec Oil & Gas			mpa		
	Address					
	P. O. Drawer 570, Fa					

February 25, 1975 (Date)

-	DISTRIBUTION /		NSERVATION COMMIS	SION	Form C-104 Supersedes Old	C-104 and C-110				
+	REQUEST FOR ALLOWABLE AND			Effective 1-1-65						
\vdash	U.S.G.S.	SPORT OIL AND NA	ATURAL GAS							
	LAND OFFICE									
	TRANSPORTER OIL /									
-	GAS /									
ı. -	PRORATION OFFICE									
Ҡ	Operator									
	Aztec Oil & Gas Compan	ztec Oil & Gas Company								
	P. O. Drawer 570, Farmington, New Mexico 87401									
+	eason(s) for filing (Check proper box) Other (Please explain)									
	New Well	Change in Transporter of:								
-	Recompletion	Oil Dry Gas Castnahead Gas Condens	77 1							
L	Change in Ownership	Casinghead Gas Condens								
1	f change of ownership give name and address of previous owner									
I. ,	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation	(ind of Lease		Lease No.				
	Tapacitos	#1 Blanco Mesa	1	State, Federal or	Fee	NM-4447				
}	Location				Eca+					
	Unit Letter / A : 11	90 Feet From The North Line	e and 990	Feet From The	East					
	16	26 Nameh - 2	West , NMPM,		Rio Arriba	County				
İ	Line of Section 16 Tow	mship 20 NOTTH Range 2		,						
IJ.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to	which approved	copy of this form is to	be sent)				
-	Name of Authorized Transporter of Oil	or Condensate X	P. O. Box 108,							
	Plateau, Inc. Name of Authorized Transporter of Cas	singhead Gas or Dry Gas X	P. U. BOX 108, Address (Give address to	which approved	copy of this form is to	be sent)				
	Name of Authorized Transporter of Case Northwest Pipeline Co		501 Airport Dr	ive, Farmi						
	If well produces oil or liquids,	Is gas actually connected	i? When							
	give location of tanks.		No							
	If this production is commingled wi	th that from any other lease or pool,	give commingling order	number:						
V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen F	Plug Back Same Res	v. Diff. Restv.				
	Designate Type of Completic		X	1	P.B.T.D.	1				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	1	7444'					
	9-25-69	Name of Producing Formation	8242 Top Oil/Gas Pay		7444 Fubing Depth					
	Elevations (DF, RKB, RT, GR, etc.) 7271 GR	Mesaverde	5956'		58761					
	Perforations				Depth Casing Shoe					
	5956-5966 TUBING, CASING, AND CEMENTING RECORD									
		TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SE	I	SACKS CEN	IENT				
	HOLE SIZE	10-3/4"		3061	300 Sacks					
	9-7/8"	7-5/8"		3874'	600 Sacks					
	6-1/4"	4-1/2"	Top 3761'-Botto	om 8251' 5876'	300 Sack					
		OR ALLOWABLE (Test must be a able for this de	ifter renniery of social single		d must be equal to or (exceed top allow				
V.	TEST DATA AND REQUEST F	UK ALLUWABLE (1 est must be a able for this de								
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flou	, pump, gas lift,	e:c./					
		Tubing Pressure	Casing Pressure	THE	Choke Size	<u> </u>				
	Length of Test	1 mmid Liganome		Mrn 1						
	Actual Prod. During Test	Oil-Bbls.	Water-Bble.	اسلاما	Cta-MCF					
			The state of the s	96 -	gravity of Condensate					
	- 40 111775		1 26	8 p . CO.	<u> </u>					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condens te/MMC	007.3	gravity of Condensate	,				
	836	3 Hours	1	N. O.S.	Choke Size					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Since) 750		3/4"					
	Back Pressure 750			CONSERVAT	TION COMMISSIC	N				
VI	CERTIFICATE OF COMPLIANCE				FEB 2 6 1					
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED			-19				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Boriginal Signed by Breel's or many							
	#00As 19 firs will combiete to r	SUPERVISOR DIST. #3								
		This form is to be filed in compliance with RULE 1104.								
	(). 12 M		don allowe	his for a newly dril	led or deepens					
	HILL TSI	well, this form mu	it be accompan	led by a tabulation	1.					
	"	District Superintendent			t be filled out comp	letely for allow				
		Tiele)	able on new and r	ecompleted wel	18.					

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. H. 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.