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DISTRIBUTION			7
SANTA FE		1	
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U.5.G.5.		i	
LAND OFFICE			
TRANSPORTER	OIL	/	
	GAS	/	
OPERATOR		3	
PRORATION OFFICE			<u> </u>
Operator		,	,*/.s.

	NO. OF COPIES RECEIVED			D 0.44			
-	DISTRIBUTION 7		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110			
	FILE /	-	AND Effective 1-1-65				
L	U.S.G.S.	AUTHORIZATION TO TRA	ZATION TO TRANSPORT OIL AND NATURAL GAS				
-	LAND OFFICE OIL /						
	TRANSPORTER GAS /						
	OPERATOR 3		•				
	PRORATION OFFICE CPETOTO						
	Coefficient Coeffi	+ X Y					
	Address  D. O. Drawer 570. F	armington, New Mexico 87	7401	•			
-	Reason(s) for filing (Check proper box)		Other (Please explain)				
- 1	New Well	Change in Transporter of: Oil Dry Gas	. —				
- 1	Recompletion Change in Ownership	Casinghead Gas Condens	NAME CHANGE				
L.			F70 P	Now Newton 67/01			
I	I change give name and address of previous owner	Aztec Oil & Gas Company,	P. O. Drawer 570, Farmin	ngton, New Mexico 674471			
	DESCRIPTION OF WELL AND I	CEASE					
	Lease Name	Well No. Pool Name, Including to	·	Jicarilla   Lesse No.			
	Arizona Jicarilla "B	" #5 Blanco Mesave	erde   ette, test	Contract 151			
	Unit Letter 'K; 18	40 Feet From The South Line	e and 1490 Feet From Th	- West			
				T			
L	Line of Section 10 Tow	waship 26 North Range 5	5 West , NMPM,	RIO ATTIDA County			
, ,	nesignation of TRANSPORT	TER OF OIL AND NATURAL GAS	<u>s</u>				
``[	Name of Authorized Transporter of Off	or Condensate 🕅	Address (Give address to which approve P. O. Box 108, Farmingto				
ļ	Plateau, Inc. Name of Authorized Transporter of Cas	singhed Gas Cor Dry Gas (A)	Address (Give address to which approve	d copy of this form is to be sent)			
j	Gas Company of New	Mexico	First International Bldg	., Dallas, Texas 75270			
-	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gos ostually connected? When				
ł	give location of tanks.		-iv- commingling order number:				
v I	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool, a		Plug Back   Same Resty, Diff. Resty.			
۱	Designate Type of Completic		New Well Workover Deepen	Plug Back   Same Resw. Dim. Nesw.			
-	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Date opasses			Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tabing Deptin			
	Perforations			Depth Casing Shoe			
Ī		TUBING, CASING, AND	CEMENTING RECORD DEPTH SET	SACKS CEMENT			
	HOLE SIZE	CASING C TODING DIZE					
Ì							
• [	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fier recovery of total volume of load oil a	nd must be equal to or exceed top allow			
٧.	OIL WELL	able for this de	pth or be for full 24 hours)   Producing Method (Flow, pump, gas lift	, etc.)			
	Date First New Oil Run To Tanks	Date of 1935					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
		Oli+Bbis.	Weter-Bbls.	Gos-MCF			
	Actual Prod. During Test	Oli + Ba.s.	,				
1				F. C			
	GAS WELL	Length of Test	EN's Condesagle AMCE	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length O. 184.					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Cheke Size			
			II OU CONSERVA	TION COMMISSION			
ï.	CERTIFICATE OF COMPLIAN	CE	-	3°5			
	nereby certify that the rules and regulations of the Oil Conservation		APPROVED				
	an i i i i i i i i i i i i i i i i i i i	with and that the information given he beat of my knowledge and belief.	By Original Signes -7 -				
	The second of th		TITLE				
		' // -	This form is to be filed in c				
( ) Jan Krain		Krun	If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation				
	• -	natura)	tests taken on the well in accor	dance with RULE 111.			
District Production Manager (Title)		All sections of this form must be filled out completely for allow able on new and recompleted wells.					
		-	THE PERSON NAMED IN CONTROL OF THE PERSON NAMED IN CO.				

1-1-78

(Date)

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