

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
SANTA FE	5	REQUEST FOR ALLOWABLE			
FILE	1	AND			
U.S.G.S.	1	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER	OIL				
	GAS	1			
OPERATOR	2				
PRORATION OFFICE					
Operator					
Aztec Oil & Gas Company					
Address					
P. O. Drawer 570, Farmington, New Mexico 87401					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:			
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input checked="" 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					
Aztec Oil & Gas Company, P. O. Drawer 570, Farmington, New Mexico 87401					
DESCRIPTION OF WELL AND LEASE					
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Jicarilla	Lease No.
Arizona Jicarilla "B"	#7	South Blanco Pictured Cliffs	State, Federal or Fee	Contract	#151
Location					
Unit Letter	E	1780	Feet From The	North	Line and 930 Feet From The West
Line of Section	4	Township 26 North	Range 5 West	NMPM,	Rio Arriba County
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
Gas Company of New Mexico			First International Bldg., Dallas, Texas 75270		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Ege.	Is gas actually connected? When
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	Gas Well	New Well	Workover
					Deepen
					Plug Back
					Same Res'v.
					Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth
Perforations				Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT
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	Date of Test		Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure		Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Gas - MCF	
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			OIL CONSERVATION COMMISSION		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			APPROVED _____, 19____		
			BY Original Signed by A. R. Kendrick		
			TITLE _____		
District Superintendent			This form is to be filed in compliance with RULE 1104.		
(Title)			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.		
October 29, 1976			All sections of this form must be filled out completely for allowable on new and recompleted wells.		
(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 completed wells.		