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SANTA FE		1		
FILE				
U.S.G.S.				
LAND OFFICE		L		
IRANSPORTER	OIL	1		
	GAS	1		
OPERATOR		1	<u> </u>	
PRORATION OFFICE			<u>L_</u>	
Operator				

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	NEGOEST FOR ALLOWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65			
-	AND S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
ŀ	U.S.G.S.	AUTHORIZATION TO TRA	ANSPURT UIL AND NATURAL	GAS			
ł	OIL 1	1					
	TRANSPORTER GAS /						
l	OPERATOR						
1.	PRORATION OFFICE	<u> </u>					
		Co. a. Commercia					
	Aztec Oil &	Gas Company					
	P. O. Drawer 570, Farmington, New Mexico 87401						
	Reason(s) for filing (Check proper box						
	New Well	Change in Transporter of:					
	Recompletion	Oil Dry Go	ıs 🗀				
	Change in Ownership	Casinghead Gas Conder	nsate				
	If change of ownership give name						
	and address of previous owner						
••	DESCRIPTION OF WELL AND	IFACE					
41.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F		1 - 1			
	Arizona Jicarilla "B"	4-A Blanco Mesa V	erde State, Feder	^{al or Fee} Jicarilla #151			
	Location			••			
	Unit Letter E ; 1	450 Feet From The North Lin	ne and 1030 Feet From	The West			
	4	26N Bance	5W , NMPM, Rio A	rriba County			
	Line of Section To	wnship ZON Range	, NMPM, RIO A	111ba County			
	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS				
11.	Name of Authorized Transporter of Oi	or Condensate X	Address (Give address to which appr				
	Plateau, Inc.		P. O. Box 108, Farming Address (Give address to which appr	ton, New Mexico 87401			
	Name of Authorized Transporter of Co			i			
	Southern Union Gas Co.		First International Blooms actually connected?	dg., Dallas, Texas 75270			
	If we'll produces oil or liquids,	Unit Sec. Twp. R.ge.	is day actually connected?	nen			
	give location of tanks.						
		ith that from any other lease or pool,	give commingling order number:				
iV.	COMPLETION DATA	Oil Well Gas Wel.	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.			
	Designate Type of Completi	on $-(X)$ X	X				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	9-10-76	9-19-76	5774'	5750' Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	1			
	6520' GR	Mesa Verde	4846'	5430 Depth Casing Shoe			
	See form 9-330 (USGS) 5774'						
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	13-3/4"	9-5/8''	223'	190			
	8-3/4"	711	3415'	130			
	6-1/4"	4-1/2"	3261' - 5774' 5430'	230			
		1-1/2"		I and must be equal to be avoid top allows			
V.	EST DATA AND REQUEST FOR ALLOWABLE (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	OIL WELL		Producing Method (Flow, pump, gas lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
			Water-Bbls.	Gas-MCF			
	Actual Prod. During Test	Oil-Bbls.	water - Bais.				
	OAC WELV						
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	11-15-76	3 hrs					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 3/411			
	Back Pressure	720 psig	822 psig				
VI.	CERTIFICATE OF COMPLIAN	NCE	11	OIL CONSERVATION COMMISSION			
			ABBROVED	APPROVED			
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.			By Original Signed by A. B. Kendrick				
				TITLE STEETS TO DESCRIPTION			
,		10 fala	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened				
(Signature)			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-				
District Production Manager							
	(Title)		able on new and recompleted wells.				
November 16, 1976		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					
			I well name or number, or transp	director orner profit charific or congression			

(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.

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