NO. OF COPIES RECE			
DISTRIBUTION			1
SANTA FE		1	
FILE			
U.S.G.S.		<u> L</u>	
LAND OFFICE			
IRANSPORTER	OIL	1_	
	GAS	1	
OPERATOR		3	
PRORATION OFFICE			11
Operator			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE /	₹	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
FILE		AND SPORT OIL AND NATURAL GAS		
U.S.G.S.	AUTHORIZATION TO TRANS	SPORT OIL AND NATOURLE OF		
OIL /				
TRANSPORTER GAS				
OPERATOR 3	4			
PRORATION OFFICE				
	and the second s			
Address		87403		
P. O. Drawer 570,	Farmington, New Mexico 8	0ther (Please explain)		
Reason(s) for filing (Check proper box	Change in Transporter of:	Office (1 teads express)		
New Well	Oil Dry Gas			
Recompletion Change in Ownership	Casinghead Gas Condense	ate		
		n o n = 770 Femni	naton New Mexico 87401	
f change give name and address of previous owner	Aztec Oil & Gas Company,	P. U. Brawer 5/0, Falmi	ng con, now the	
DESCRIPTION OF WELL AND	LEASE	matten Kind of Lease	Lease No.	
Lease Name	Well No. Pool Name, including 7 of	Serie Terent	crFee Federal Mi-056041	
Companero	#1 Blanco Mesave	erae		
Location / R 11	90 Feet From The North Line	and 1490 Feet From T	The East	
Unit Letter;II	rest from the thought Line	The second secon		
Line of Section 12 To	ownship 27 North Range 4 W	West , NMPM,	Rio Arriba County	
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GAS	Address (Give address to which approv	ed copy of this form is to be sent!	
Name of Authorized Transporter of O.	i or Concensule AC	P. O. Box 108, Farming	ton. New Mexico 87401	
Plateau, Inc.	A A	Address (Give address to which approx	sed copy of this form is to be sent)	
Name of Authorized Transporter of C	331g	P. O. Box 90, Farmington, New Mexico 87401		
Northwest Pipeline C	Unit Sec. Twp. Fige.	is gas actually connected? Whe		
if well produces oil or liquids, give location of tanks.		i i		
and the state of committeed B	with that from any other lease or pool, g	give commingling order number:		
COMPLETION DATA		New Well Workover Deepen	Plug Back Same Resty, Diff. Resty.	
Designate Type of Complet		New Hell		
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Date Spudded				
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
			Depth Casing Shoe	
Perforations				
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOCE SIZE				
	FOR ALLOWABLE (Test must be af able for this de;	for an analysis of total values of load oil	and must be equal to or exceed top allow	
	FOR ALLOWABLE (Test must be a) able for this de	pth or be for full 24 hours)	-	
OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)	
		Casing Pressure	Choke Size	
Length of Test	Tubing Pressure	Casing Pressure		
	Oil-Bhis.	Water-Bbls.	Gas-MCF	
Actual Prod. During Test				
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	BDIS. Condensate/ NIMOF		
	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Chóke Size	
Testing Method (pitot, back pr.)	I maind bissame (puncary)	·		
	ANCE		ATION COMMISSION	
I. CERTIFICATE OF COMPLIA	ince	APPROVEDJAN 12 19		
I haraby cartify that the rules s	nd regulations of the Oil Conservation	11	. A P Kendrick	
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. R. Kendrick SUPERVISOR DIST.		
The state of the s	1/.	This form is to be filed in	compliance with RULE 1104.	
11 Du	11 1220	If this is a request for all	owable for a newly drilled or deepen	

S/an Kyrin	
(Signature)	
District	

(Title)

(Date)

well, this form must be accompanied by a tabulation of the deviation teats 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.