NO. OF COPIES RECEIVED		5	
DISTRIBUTION			
SANTA FE		/_	
FILE		7	_
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	121	
	GAS	1	
OPERATOR		1	
DECEMBER OF	TICE	1	

DISTRIBUTION		ONSERVATION COMMISSION	Supersedes Old C-104 and C-11
SANTA FE	REQUEST F	Effective 1-1-65	
FILE		AND	,
U.S.G.S.	AUTHORIZATION TO TRAI	INSPORT OIL AND NATURAL GA	AS
LAND OFFICE			
TRANSPORTER GAS /			
OPERATOR /			
PRORATION OFFICE			
Operator			
Aztec Oil & Gas Comp	any		
Address			
Drawer 570, Farmingt	on, New Mexico		
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Gar	ıs X	
Change in Ownership	Casinghead Gas Conden	nsate	
change in owner-in-p			
If change of ownership give name and address of previous owner			
	PACE		
. DESCRIPTION OF WELL AND L	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.
Lease Name Reid	7 Picture Clif	State, Federal	lor Fee NM-01772-A
	Tradit offi	<u> </u>	
Location 1750	North	850	Post
Unit Letter /H 1750	Feet From The North Lin	ne and 850 Feet From 1	rheEast
		~ "	
Line of Section 19 Tow	nship 28N Range 9	9w , ммрм, San Jua	an County
	 .		
. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	AS	The second second second
Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to witten appro-	
i Plateau		Box 108, Farmington, 1	New Mexico
Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	Address (Give address to which appro-	ved copy of this form is to be sent)
Southern Union Gather		Box 398, Bloomfield, I	New Mexico
	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	
If well produces oil or liquids, give location of tanks.			
		wive commingling order number:	
If this production is commingled wit	h that from any other lease or poor,	, give comminging order names.	
COMPLETION DATA	Oll We'l Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Res
Designate Type of Completion	n = (X)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded			
(DE AVA DE CD	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	realis of Florading Commission		
	<u></u>		Depth Casing Shoe
Perforations			Depth Casing Slice
3			Depth Casing Slide
		TO A STATE OF THE PERSON OF TH	Depth Casing Shoe
		ND CEMENTING RECORD	
HOLE SIZE	TUBING, CASING, AN	ND CEMENTING RECORD DEPTH SET	SACKS CEMENT
HOLE SIZE			
HOLE SIZE			
HOLE SIZE			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST F	CASING & TUBING SIZE	DEPTH SET after recovery of total volume of load oidepth or be for full 24 hours)	SACKS CEMENT SACKS CEMENT l and must be equal to or exceed top al
V. TEST DATA AND REQUEST F	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT SACKS CEMENT l and must be equal to or exceed top al
V. TEST DATA AND REQUEST F	CASING & TUBING SIZE OR ALLOWABLE. (Test must be able for this control.)	DEPTH SET after recovery of total volume of load oidepth or be for full 24 hours)	SACKS CEMENT I and must be equal to or exceed top all lift, etc.)
7. TEST DATA AND REQUEST FOIL, WELL. Date First New Oil Run To Tanks	CASING & TUBING SIZE OR ALLOWABLE. (Test must be able for this control.)	DEPTH SET after recovery of total volume of load oidepth or be for full 24 hours)	SACKS CEMENT I and must be equal to or exceed top all lift, etc.) Choke Size
V. TEST DATA AND REQUEST F	OR ALLOWABLE. (Test must be able for this of Date of Test	e after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas of	SACKS CEMENT I and must be equal to or exceed top all lift, etc.)
TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test	OR ALLOWABLE. (Test must be able for this of Tubing Pressure	e after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas of	SACKS CEMENT l and must be equal to or exceed top all lift, etc.) Choke Size
7. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks	OR ALLOWABLE. (Test must be able for this of Date of Test	pepth set after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas of Casing Pressure	SACKS CEMENT I and must be equal to or exceed top all lift, etc.) Choke Size
V. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test	OR ALLOWABLE. (Test must be able for this of Tubing Pressure	pepth set after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas of Casing Pressure	SACKS CEMENT I and must be equal to or exceed top all lift, etc.) Choke Size Gas-MCF
V. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test	OR ALLOWABLE. (Test must be able for this of Tubing Pressure	pepth set after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas of Casing Pressure	SACKS CEMENT l and must be equal to or exceed top all lift, etc.) Choke Size
/. TEST DATA AND REQUEST F OIL, WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL	OR ALLOWABLE. (Test must be able for this of Tubing Pressure Oil-Bbls.	DEPTH SET after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas of Casing Pressure) Water-Bbis.	SACKS CEMENT I and must be equal to or exceed top all lift, etc.) Choke Size Gas-MCF
TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	OR ALLOWABLE. (Test must be able for this of Tubing Pressure	pepth set after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas of Casing Pressure	SACKS CEMENT I and must be equal to or exceed top all lift, etc.) Choke Size Gas-MCF
TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	OR ALLOWABLE: (Test must be able for this of Tubing Pressure Oil-Bbls. Length of Test	DEPTH SET after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas of Casing Pressure) Water-Bbls. Bbls. Condensate/MMCF	SACKS CEMENT I and must be equal to or exceed top all lift, etc.) Choke Size Gas-MCF Gravity of Condensate
TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL	OR ALLOWABLE. (Test must be able for this of Tubing Pressure Oil-Bbls.	DEPTH SET after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas of Casing Pressure) Water-Bbis.	SACKS CEMENT I and must be equal to or exceed top all lift, etc.) Choke Size Gas-MCF
TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	OR ALLOWABLE: (Test must be able for this of Tubing Pressure Oil-Bbls. Length of Test	DEPTH SET after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas of Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in)	SACKS CEMENT I and must be equal to or exceed top all lift, etc.) Choke Size Gas - MCF Gravity of Gondensate Choke Size
C. TEST DATA AND REQUEST FOIL, WELL. Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	CASING & TUBING SIZE OR ALLOWABLE. (Test must be able for this of Date of Test Tubing Pressure Oil-Bbls. Length of Test Tubing Pressure (Shut-in)	DEPTH SET after recovery of total volume of load of depth or be for full 24 hows) Producing Method (Flow, pump, gas of Casing Pressure Water-Bbis. Bbis. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERV	SACKS CEMENT I and must be equal to or exceed top at lift, etc.) Choke Size Choke Size Choke Size
J. TEST DATA AND REQUEST FOIL, WELL. Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	CASING & TUBING SIZE OR ALLOWABLE. (Test must be able for this of Date of Test Tubing Pressure Oil-Bbls. Length of Test Tubing Pressure (Shut-in)	DEPTH SET after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas of Casing Pressure) Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERV	SACKS CEMENT I and must be equal to or exceed top at lift, etc.) Choke Size Choke Size Choke Size
J. TEST DATA AND REQUEST FOIL WELL. Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	CASING & TUBING SIZE OR ALLOWABLE. (Test must be able for this of the control of	DEPTH SET after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas of Casing Pressure) Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERV	SACKS CEMENT I and must be equal to or exceed top at lift, etc.) Choke Size Choke Size Choke Size
V. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) VI. CERTIFICATE OF COMPLIAN I hereby certify that the rules and	CASING & TUBING SIZE OR ALLOWABLE. (Test must be able for this of Date of Test Tubing Pressure Oil-Bbls. Length of Test Tubing Pressure (Shut-in)	DEPTH SET after recovery of total volume of load of depth or be for full 24 hows) Producing Method (Flow, pump, gas of Casing Pressure) Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERV APPROVED Original Signed	SACKS CEMENT I and must be equal to or exceed top at lift, etc.) Choke Size Choke Size Choke Size

Qu.	O Breezen
1	(Signature) District Superintendent
	(Title)
	July 29, 1970

(Date)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-