| | | , | √ = 1 |
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| SANTA FE | 1 | | |
| FILE | 1 | | |
| U.S.G.S. | | | |
| LAND OFFICE | 1 | | |
| IRANSPORTER | OIL | | |
| IRANSFORTER | GAS | 1 | |
| OPERATOR | 2 | | |
| PRORATION OF | | | |
| Operator | Gas | Com | panj |
| Aztec Oil & | | | |
| Aztec Ull & | | | |
| | | ing | ton, |
| Address | Farm | | |
| Address Drawer 570, | Farm | | |

| | SANTA FE | | CONSERVATION COMMISSION | Form C-104 Supersedes Old C-104 and C-110 | | |
|-------------------------|--|--------------------------------------|---|--|--|--|
| | FILE / | REQUES | T FOR ALLOWABLE AND | Effective 1-1-65 | | |
| | U.S.G.S. | AUTHORIZATION TO TE | RANSPORT OIL AND NATURAL | GAS | | |
| | LAND OFFICE | | | . 5, | | |
| | TRANSPORTER OIL | | | | | |
| | GAS / | _ | | | | |
| | OPERATOR 2 | | | | | |
| Ι. | PRORATION OFFICE Operator | | | | | |
| | Aztec Oil & Gas Compar | ly | | | | |
| | Address | | | | | |
| | Drawer 570, Farmington | | | | | |
| | Reason(s) for filing (Check proper box | | Other (Please explain) | | | |
| | New Well Recompletion | Change in Transporter of: Oil Dry | Gas | | | |
| | Recompletion Change in Ownership | | densate | | | |
| | S. M. M. Switchen, P. S. M. S. | | | | | |
| | If change of ownership give name and address of previous owner | | | | | |
| | and address of previous owner | | | | | |
| II. | DESCRIPTION OF WELL AND | LEASE | | | | |
| | Lease Name Keyman "A" | | Name, Including Formation | Kind of Lease State, Federal or Fee | | |
| | Nevman "A" | / FULC | her Kutz P. C. | Federal | | |
| | | | 1650 | (C) | | |
| | Unit Letter <u>B</u> ; <u>9</u> 9 | O Feet From The North L | ine and <u>1650</u> Feet Fro | m The Fast | | |
| | Line of Section 19 , To | wnship 28N Range | 10W , NMPM, San | Juan County | | |
| | Eline of Section. | ZOR Hange | | | | |
| ш. | DESIGNATION OF TRANSPOR | TER OF OIL AND NATURAL O | GAS | | | |
| | Name of Authorized Transporter of Ci | | Address (Give address to which app | proved copy of this form is to be sent) | | |
| | | | | | | |
| | Name of Authorized Transporter of Ca | singhead Gas or Dry Gas | Address (Give address to which app | proved copy of this form is to be sent) | | |
| | Southern Union Gas | | Box 383 Ricomfield, Is gas actually connected? | New Nextco | | |
| | If well produces oil or liquids, | Unit Sec. Twp. Rge. | Is gas actually connected? | | | |
| | give location of tanks. | | Yes | 10-7-65 | | |
| | If this production is commingled w | ith that from any other lease or poo | <pre>1, give commingling order number:</pre> | | | |
| IV. | COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Restv. Diff. Restv. | | |
| | Designate Type of Completi | on – (X) | X | : | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | |
| | 9-24-65 | 10-7-65 | 2053 | 2037 | | |
| | Fool | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | |
| | Fulcher Kutz | Pictured Cliffs | 1970 | 2009 | | |
| | Perforations | | | Depth Casing Shoe | | |
| | 2 SPF, 1970-2002. TUBING, CASING, AND CEMENTING RECORD | | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | |
| | 4-3/4 | 31" wt. 6.9 | | | | |
| | 4=3/4 | 1# est 7 7 | 2037 | 135 | | |
| | | | 2009 | | | |
| | | | | | | |
| V. | TEST DATA AND REQUEST F | TOR ALLOWABLE (Test must be | after recovery of total volume of load | oil and must be equal to or exceed top allow | | |
| | OIL WELL | able for this | depth or be for full 24 hours) | 1:6 | | |
| | Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas | s lift, etc.) | | |
| | | Tubing Fressure | Casing Pressure | Choke Size | | |
| | Length of Test | Tubing Flessure | Cusing Freseure | acii a | | |
| | Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Fast C- VI | | |
| | - | | | /REPLIATE / | | |
| | · | | | 1065 | | |
| | GAS WELL | | | OCT11 1965 | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condence M. | | |
| | 750 Testing Method (pitot, back pr.) | | | Choke Size | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size | | |
| | | | OH CONSED | VATION COMMISSION | | |
| VI. | VI. CERTIFICATE OF COMPLIANCE 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. | | OIL CONSER | VATION COMMISSION | | |
| | | | APPROVED OCT 11 1965 , 19 | | | |
| | | | n Omiginal Signa | | | |
| | | | f. BY Original Signer | d Emery C. Arnold | | |
| | | | TITLE Supervisor Dist. # | 1 | | |
| | ORIGINAL SIGNED BY JOE C. SA | CRIGINAL SIGNED BY JOE C. SALMON | | - . | | |
| | CKIGINAL DIOX | | | in compliance with RULE 1104. Jowahle for a newly drilled or deepened | | |
| Joe C. Salm (Signature) | | Joe C. Salmon | 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 | | | |
| | District Suns | rintendent | | tests taken on the well in accordance with RULE 111. | | |
| | District Superintendent (Title) | | All sections of this form must be filled out completely for allowable on new and recompleted wells. | | | |
| | October 8, | 1965 | Fill out Sections I, II, | III, and VI only for changes of owner, | | |
| | (Date) | | well name or number, or transp | porter, or other such change of condition. | | |

Separate Forms C-104 must be filed for each pool in multiply completed wells.