NO. OF COPIES RECEIVED		5	
DISTRIBUTION			
SANTA FE		1	
FILE		1	
U.S.G.S.		Ì	
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		1	
PRORATION OFFICE			

	SANTA FE	i	OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110		
	FiLE //		AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL O	GAS		
	LAND OFFICE			•		
	TRANSPORTER GAS /	-				
	OPERATOR /					
3	PRORATION OFFICE	-				
••	Operator					
	Aztec Oil & Gas Com	pany				
	Address	A second No. of March 20				
	Drawer 570, Farming Reason(s) for filing (Check proper box	ton, New Mexico	Other (Please explain)	······································		
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry Gas	\square			
	Change in Ownership	Casinghead Gas Condens	cate			
	If change of ownership give name					
	and address of previous owner					
**	DESCRIPTION OF WELL AND	YEACE				
11.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Hang helyding Fa	Kind of Leas	Lease No.		
	Brink ·	2 Picture Cliff	State, Federa	or Fee 065546-A		
	Location					
	Unit Letter D; 66	O Feet From The North Line	and 660 Feet From	The West		
			OUT NIGHTNA CITY TO	G		
	Line of Section 19 To	wnship 28N Range]	Ow , ммрм, San Ju	an County		
III	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	3	•		
***	Name of Authorized Transporter of Oi	or Condensate X	Address (Give address to which appro	oved copy of this form is to be sent)		
	i Plateau		Box 108, Farmington,	New Mexico		
	Name of Authorized Transporter of Ca	singhadd Gas Or Dry Gas X	Address (Give address to which appro	oved copy of this form is to be sent)		
	Southern Union Gather		Box 398, Bloomfield, Is gas actually connected? Wr	New Mexico		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	is gas actually connected?	nen		
	L					
137	If this production is commingled was COMPLETION DATA	ith that from any other lease or pool, a	give commingling order number:			
44.		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty		
	Designate Type of Completi	1		<u> </u>		
	'Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	705 0 00 00	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing 1 dimension	1.00 011/ 040 1.47			
	Perforations			Depth Casing Shoe		
		TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
v	TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be at	fter recovery of total volume of load of	il and must be equal to or exceed top allo		
•	OIL WELL	able for this de	pth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
		Tubing Pressure	Casing Pressure	CEPENA		
	Length of Test	I dbing Pressure	Cashing Product	\ KILLIVED\		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
				AUG 3 1970		
	GAS WELL			OPL CON. COM.		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gran Consensar		
			Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cdamy Pressure (5220 2-)	0		
			OU CONSERV	ATION COMMISSION		
VI	. CERTIFICATE OF COMPLIA	(CE				
	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 AUG 3 1970 , 19 BY Original Signed by Emery C. Arnold SUPERVISOR DIST. #8			
			TITLESUPERVISO	K DIST. #8		
	District Superintendent (Title)		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 deviatitests 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 own			
	July 29, 1970	Date)	Fill out only Sections I, well name or number, or transp	orter, or other such change of condition		
	1	ν ω. τ /		ust be filed for each pool in multip		







Job separation sheet

NO. OF COPIES RECEIVED				
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION PEOLIECT FOR ALL OWARLE Supersedes Old C-104 and C			
SANTA FE /	REQUEST F	REQUEST FOR ALLOWABLE Effective 1		
FILE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
OIL /				
TRANSPORTER GAS /				
OPERATOR 3				
PRORATION OFFICE				
SOUTHLAND R	OYALTY COMPANY 21281			
Address	2,201			
P. O. Drawer 570, Farm	ington, New Mexico 8740	01		
Reason(s) for filing (Check proper box)	- 8	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry Gas	TNF	AME CHANGE	
Change in Ownership	Casinghead Gas Conden	sate		
and address of previous owner		P. O. Drawer 570, Farmin	ngton, New Mexico 87401	
. DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.	
Brink	#2 Fulcher Kutz F	Pictured Cliffs State, Federal	or Fee Federal 065546A	
Location				
Unit Letter D : 660	Feet From The North Lin	e and 660 Feet From T		
Line of Section 19 Tov	vaship 28 North Range 10	O West , NMPM,	San Juan County	
I. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil Plates Name of Authorizea Transporter of Car	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)	
Southern Union Gather		Fidelity Union Tower,	Dallas, Texas 75201	
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gas actually connected? Whe	ត	
give location of tanks.	<u> </u>		<u> </u>	
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:		
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
Designate Type of Completion	$\operatorname{on} = (X)$			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
		Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	10,00,000		
			Depth Casing Shoe	
Perforations				
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	OD ALLOWARIE (Terrania)	after recovery of total volume of load oil	and must be equal to or exceed top allow	
V. TEST DATA AND REQUEST F	OR ALLOWABLE (1 est must be able for this d	epth or be for full 24 hours)		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas Hilling) Casing Pressure Choke Size		
Length of Test	Tubing Pressure			
	Loui Bhis	Water-Bbis.	Gos MCF	
Actual Prod. During Test	Oil-Bbis.	10/2	1878	
			ust 3 M.	
GAS WELL	It wash of Tool	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	1	7	

Tubing Pressure (Shut-in)

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.

District Production Manager (Title)

(Date)

1-1-78

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

JAN 1 2 1978 APPROVED_

Choke Size

Original Signed by A. R. Kentrick

Casing Pressure (Shut-in)

BY.

TITLE .

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

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.

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.