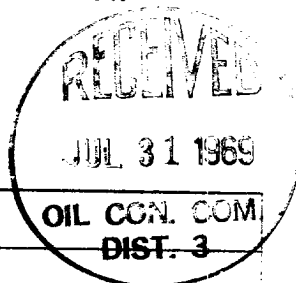


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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	2
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65



1. Operator Aztec Oil & Gas Company
Address Drawer 570, Farmington, New Mexico
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐ Other (Please explain)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Cain</u>	Well No.: <u>18</u> Pool Name, including Formation <u>Pictured Cliffs</u>	Kind of Lease State, Federal or Fee	Lease No. <u>SF-080781</u>
Location Unit Letter <u>F</u> ; <u>1800</u> Feet From The <u>North</u> Line and <u>1540</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>28N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Southern Union Gas</u>	<u>Fidelity Union Tower, Dallas, Texas 75201</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Prod. Diff. Prod. <input type="checkbox"/>
Date Spudded <u>6-26-69</u>	Date Comm. Ready to Prod. <u>7-11-69</u>	Total Depth <u>2150</u>		P.B.T.D. <u>2149</u>				
Elevations (DF, AKB, RT, GR, etc.) <u>5827 GR</u>	Name of Producing Formation <u>Pictured Cliffs</u>	Top Oil/Gas Pay <u>2026</u>		Tubing Depth <u>2100</u>				
Performances <u>2026-54, 4 SPF</u>		Depth Casing Shoe <u>2149</u>						

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	176'	100 -sr
6-3/4"	4-1/2"	2149'	250 -sr
	1"	2100'	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <u>2521</u>	Length of Test <u>3 hrs.</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>516</u>	Casing Pressure (Shut-in) <u>516</u>	Choke Size <u>3/4"</u>

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.

Joe C. Salmeron
(Signature)
District Superintendent
(Title)
7-28-69
(Date)

OIL CONSERVATION COMMISSION
JUL 31 1969
APPROVED _____
BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #3
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, lease, or operator. Do not fill out such sections if not applicable.