HO. OF COPIES MECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 FHE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER OPERATOR PRORATION OFFICE Operator Aztec Oil & Gas Company Address P. O. Drawer 570, Farmington, New Maxico Orret (Please explain) Reason(s) for filing (Check proper box) New Well XChange in Transporter of Dry Gas Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE fell No., Pool Name, including Formation Kind of Lease State, Federal or Fee SF-071857 Fulcher Kutz Pictured Cliffs 5 Browning Stewart Location 1180 Feet From The South Line and 1030 Feet From The East Unit Letter , NMPM, San Juan 11W___ 10 Township 28N Range Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate X Plateau, Inc. P. O. Box 108, Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent) Name of Authorities Trunsporter of Casinghead Gas or Dry Gas X. O. Box 1899, Bloomfield, New Mexico Southern Union Gathering is gas actually connected? When Unit P.ge. If well produces oil or liquids, give location of tanks. No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Workover Deepen Same Res'v. Diff. Res'v. Gas Well New Well Plug Back Designate Type of Completion = (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. 1739' 1692 8-7-77 <u> 11-1-77</u> Tubing Depth Name of Producing Formation Top Oll/Gas Pay Elevations (DF, RKB, RT, CR, etc.) 1622' 5539' GR Pictured Cliffs Depth Casing Shoe Perforations 1702' 1622' - 1660' Pictured Cliffs TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 131' 90 sxs 8-5/8¹¹ 2-7/8¹¹ 12-1/4" 1702' 310 sxs (Test must be after recovery of total volume of load oil and must be equal to ar exceed top allowable for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gari-MCF Water - Bbls. Oil-Bala. Astual Prod. During Test

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
1,236 MCF/D	3 hrs		
Teating Method (picos, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
Back Pressure	140 psig		3/4"

TITLE

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation mulied with and that the information given

above is true and complete to the best of my knowledge and belief.
Can Kyan
(Signature)
District Production Manager ·
(Title)

(Date)

November 22, 1977

OIL CONSERVATION COMMISSION

APPROVED				,	19
By Original	Signed	by A	N.	Kendrick	

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, all 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.