| HO. OF COPIES RECEIVED |     |    | 3 |  |  |
|------------------------|-----|----|---|--|--|
| DISTRIBUTION           |     |    |   |  |  |
| SANTA FE               |     | 17 |   |  |  |
| FILE                   |     | II | - |  |  |
| U.\$.G.\$.             |     |    |   |  |  |
| LAND OFFICE            |     |    |   |  |  |
| IRANSPORTER            | OIL | /  |   |  |  |
|                        | GAS | 1  |   |  |  |
| OPERATOR               |     | 1  |   |  |  |
| PRORATION OFFICE       |     |    |   |  |  |

| :   | DISTRIBUTION   | NEW MEXICO OIL CO   | ONSERVATION COMMIS   | 510N                                 | Form C-104                        |  |  |  |  |
|---|--|---|--|--------------------------------------|-----------------------------------|--|--|--|--|
| !   | SANTA FE   | REQUEST I   | FOR ALLOWABLE  |                                      | Supersedes Old C-104 and C-110    |  |  |  |  |
|   | FILE /   |   | AND  |                                      | Effective 1-1-65                  |  |  |  |  |
| i   | U.S.G.S.   | AUTHORIZATION TO TRA  | NSPORT OIL AND NA  | TURAL GAS                            |                                   |  |  |  |  |
|   | LAND OFFICE  | 7,0,1,0,1,0,1,0,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |  |                                      |                                   |  |  |  |  |
|   | TRANSPORTER OIL /  |   |  |                                      |                                   |  |  |  |  |
| !   | GAS /  |   |  |                                      |                                   |  |  |  |  |
|   | OPERATOR /   |   |  |                                      |                                   |  |  |  |  |
| I.  | PRORATION OFFICE Operator  |   |  | <del></del>                          |                                   |  |  |  |  |
|   | Bird Oil Equipment of  | ·   |  |                                      |                                   |  |  |  |  |
|   | Address  | iress   |  |                                      |                                   |  |  |  |  |
|   | 3101 Knudsen, Farmingt   |   |  |                                      |                                   |  |  |  |  |
| Reason(s) for filing (Check proper box)  Other (Please explain) |  |   |  |                                      |                                   |  |  |  |  |
|   | New We!!   | Change in Transporter of: Oil Dry Gas   | . 🗂  |                                      |                                   |  |  |  |  |
|   | Recompletion W   | Casinghead Gas Condens  | <b>≒</b> ।   |                                      |                                   |  |  |  |  |
|   | Change in Ownership  |   |  |                                      |                                   |  |  |  |  |
|   | If change of ownership give name   | Aztec Oil & Gas Company,  | Drawer 570, Far  | mington, NM                          | 87401                             |  |  |  |  |
|   | and address of previous owner  |   | -,   |                                      |                                   |  |  |  |  |
| П.  | DESCRIPTION OF WELL AND  | LEASE   |  |                                      |                                   |  |  |  |  |
|   | Lease Name   | Well No. Pool Name, Including Fo  |  | ind of Lease<br>tate, Federal or Fee | Lease No.                         |  |  |  |  |
|   | Southeast Cha Cha Uni  | t #11 Gallup  | Cha Is   | 1010, 1 000101 01 1 00               | 3F-077770                         |  |  |  |  |
|   | Location  Unit Letter D : 660 Feet From The North Line and 660 Feet From The West  |   |  |                                      |                                   |  |  |  |  |
|   | Unit Letter D : 660 Feet From The NOTLII Line and 600 Feet From The West   |   |  |                                      |                                   |  |  |  |  |
|   | Line of Section 17 Township 28 North Range 13 West , NMPM, San Juan Cou  |   |  |                                      |                                   |  |  |  |  |
|   |  |   |  |                                      |                                   |  |  |  |  |
| m.  | DESIGNATION OF TRANSPORT   | TER OF OIL AND NATURAL GA   | S Address (Give address to   | which approved copy                  | of this form is to be sent)       |  |  |  |  |
|   | Name of Authorized Transporter of Oil  | or Condensate   |  |                                      | nington, NM 87401                 |  |  |  |  |
|   | Plateau Inc Name of Authorized Transporter of Casinghead Gas ( or Dry Gas )  |   | Address (Give address to which approved copy of this form is to be sent) |                                      |                                   |  |  |  |  |
|   | El Paso Natural Gas Company  |   | Box 990, Farmington, NM 87401  |                                      |                                   |  |  |  |  |
|   |  | Unit Sec. Twp. P.ge.  | Is gas actually connected  | ? When                               |                                   |  |  |  |  |
|   | If well produces oil or liquids, give location of tanks.   |   |  |                                      |                                   |  |  |  |  |
|   | If this production is commingled wit   | h that from any other lease or pool,  | give commingling order r   | ıumber:                              |                                   |  |  |  |  |
| IV.   | COMPLETION DATA  | Oil Well Gas Well   |  |                                      | Back   Same Resty.   Diff. Resty. |  |  |  |  |
|   | Designate Type of Completic  | on = (X)  | 1  | 1                                    |                                   |  |  |  |  |
|   | Date Spudded   | Date Compl. Ready to Prod.  | Total Depth  | P.B.T                                | .D.                               |  |  |  |  |
|   | -  |   |  |                                      |                                   |  |  |  |  |
|   | Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation   | Top Oil/Gas Pay  | Tubin                                | g Depth                           |  |  |  |  |
|   |  |   |  | THE PERSON                           | Casing Shoe                       |  |  |  |  |
|   | Perforations   |   |  |                                      |                                   |  |  |  |  |
|   |  | TUBING, CASING, AND   | CEMENTING RECORD   | W/P                                  | 15                                |  |  |  |  |
|   | HOLE SIZE  | CASING & TUBING SIZE  | DEPTH SE   | 160 16                               | SACHS CEMENT                      |  |  |  |  |
|   | HOLL SILL  |   |  | 60.12                                | con                               |  |  |  |  |
|   |  |   |  | SE' CON                              | 3/                                |  |  |  |  |
|   |  |   | an pist.   |                                      |                                   |  |  |  |  |
|   |  |   |  |                                      | the equal to or exceed top allow- |  |  |  |  |
| V.  | TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)  |   |  |                                      |                                   |  |  |  |  |
|   | OIL WELL Date First New Oil Run To Tanks   | Date of Test  | Producing Method (Flow,  | pump, gas lift, etc.)                | <del></del>                       |  |  |  |  |
|   |  |   |  | T Chal                               | e Size                            |  |  |  |  |
|   | Length of Test   | Tubing Pressure   | Casing Pressure  | Chor                                 | F 5124                            |  |  |  |  |
|   |  |   | Water - Bbls.  | Gas -                                | MCF                               |  |  |  |  |
|   | Actual Prod. During Test   | Oil-Bbls.   |  |                                      |                                   |  |  |  |  |
| į   |  |   |  |                                      |                                   |  |  |  |  |
|   | GAS WELL   |   |  |                                      |                                   |  |  |  |  |
|   | Actual Prod. Test-MCF/D  | Length of Test  | Bbis. Condensate/MMCF  | Gravi                                | ity of Condensate                 |  |  |  |  |
|   |  |   | 200  | 4m) Chak                             | e Size                            |  |  |  |  |
|   | Testing Method (pitot, back pr.)   | Tubing Pressure (Shut-in)   | Casing Pressure (Shut-   | LL )                                 | • 44                              |  |  |  |  |
| OIL CONSERVATION COMMISSION                                     |  |   |  |                                      | COMMISSION                        |  |  |  |  |
| VI. CERTIFICATE OF COMPLIANCE                                   |  |   |  |                                      | SEP 2 4 1975                      |  |  |  |  |
|   |  | remiletions of the Oil Consequation   | APPROVED   |                                      |                                   |  |  |  |  |
|   | 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.  BY Original Signed by A. R. Kendrick |   |  |                                      | Kendrick                          |  |  |  |  |
|   | above is true and complete to the  | SUPERVISOR DIST. #5   |  |                                      |                                   |  |  |  |  |
|   |  |   |  |                                      |                                   |  |  |  |  |
|   | 6/   | D/ (/   | This form is to  | be filed in compli                   | ance with RULE 1104.              |  |  |  |  |
|   | Men  | - V desid   | If this is a requ  | est for allowable f                  | or a newly drilled or deepened    |  |  |  |  |

well, this form must be accompanied by a tabulation of the deviation 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.