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	GAS		
OPERATOR		1	
PROPATION OFFICE		i	1

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUEST FO	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
FILE I V	AND				
U.S.G.S.	AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GA	\$		
LAND OFFICE					
TRANSPORTER OIL)					
OPERATOR /					
PRORATION OFFICE	l				
Aztec Oil & Gas Compa	iny				
Address					
P. O. Drawer 570, Far	rmington, New Mexico 8740	Other (Please explain)			
Reason(s) for filing (Check proper box)	Change in Transporter of:				
New Well AA	Oil Dry Gas				
Recompletion Change in Ownership	Casinghead Gas Condense	ate			
		.			
If change of ownership give name and address of previous owner					
I. DESCRIPTION OF WELL AND	Well No. Pool Name, Including For	mation Kind of Lease Lease No.			
Hill	#1-A Blanco Mesave	rde State, Federal	or Fee SF-078487		
Location		1 770	West		
Unit Letter F : 17	10 Feet From The North Line	and 1730 Feet From Ti	he Mest		
Line of Section 4 Tox	wnship 29 North Range 8	West , NMPM,	San Juan County		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	Address (Give address to which approve	ed conv of this form is to be sent)		
Name of Authorized Transporter of Oil	of Condensate 1	•			
Plateau, Inc.	Day Cas	P. O. Box 108, Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Car	singuista cos	D. O. Barragon New Mexico 87401			
El Paso Natural Gas	El Paso Naculal das computi, la la la la la gas actually connected? When				
If well produces oil or liquids, give location of tanks.		No			
If this production is commingled wi	ith that from any other lease or pool, g	give commingling order number:			
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Completi	on – (X)	X	P.B.T.D.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	5500'		
11-9-75	11-29-75	5610 Top Oil/Gas Pay	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	4832¹	5292'		
6416 GR	Mesaverde	4832	Depth Casing Shoe		
Perforations 4852-62, 4868-	-96, 2 SPF	FO 60 2 SPE	5610'		
5118-26, 5142-	-77 5310-34, 5 3 40-40, 3 3	CEMENTING RECORD			
		DEPTH SET	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE	2991	300 Sacks		
13-3/4"	9-5/8"	3414'	455 Sacks		
8-3/4"	4-1/2"	Top 3284'-Bottom 5610'	250 Sacks		
6-1/4"	7 <u>1 (4)</u>				
THE DATA AND REQUEST !	FOR ALLOWABLE TO A STATE OF THE PARTY OF THE	fter recovery of total volume of load oil	and must be equal to or exceed top allo		
OIL WELL	OF FIVED'S	print or be for full 24 hours) Producing Method (Flow, pump, gas li	ft. etc.)		
Date First New Oil Run To Tanks	Date of Tee KLULIV LD	Producing Method (1 tob), pampy	,,,		
	1075	Casing Pressure	Choke Size		
Length of Test	Tubing ProsumDEC 15 19/5	Casing Piessau			
Actual Prod. During Test	OIL CON. CO.	Water - Bbls.	Gas - MCF		
	DIST 2				
GAS WELL			Gravity of Condensate		
Actual Prod. Tes:-MCF/D	Length of Test	Bbls. Condensate/MMCF	3.2		
8149	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	797	3/4"		
Back Pressure		OIL CONSERVATION COMMISSION			
VI. CERTIFICATE OF COMPLIA	NCE	APPROVED DEC 1 6 197	E 19		
I hereby certify that the rules an	d regulations of the Oil Conservation	' 11			
Commission have been complied	d with and that the information given the best of my knowledge and belief.	By Original Signed	by A. R. Kondrick		
above is true and complete to	-	TITLE SUPERVISOR DIST	45		
	/	11	compliance with RULE 1104.		

District Superintendent (Title)

December 12, 1975

(Date)

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.