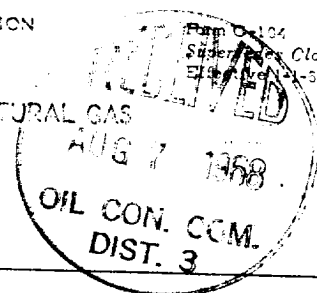


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| LAND OFFICE            |     |   |
| TRANSPORTER            | OIL | 2 |
|                        | GAS | 1 |
| OPERATOR               |     | 1 |
| PRODUCTION OFFICE      |     |   |

UNITED STATES OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORITY TO TRANSPORT OIL AND NATURAL GAS



I. PRODUCTION OFFICE

Address: Aztec Oil and Gas Company

Dravner 570, Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of

Oil ☐ Gas ☐  
Original Prod. ☐ Redesignate ☐

Remarks:

(Gas used on Aztec Totah Unit as fuel gas)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Trinidad Kind of Lease: State, Federal or Free Lease No.: ST 07906

Location: Unit Letter P : 790 Section 10 Township 10N Range 10E Feet From The East  
Line of Section 29 Township 10N Range 10E NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND GAS

Name of Authorized Transporter of Oil: New Mexico Tankers to Shell Address (Give address to which approved copy of this form is to be sent): Box 2151, Farmington, New Mexico

Name of Authorized Transporter of Gas: Aztec Oil and Gas Company Address (Give address to which approved copy of this form is to be sent): Dravner 570, Farmington, New Mexico

If well produces oil or liquids, give location of tanks: NO If gas actually connected? When  
November 28, 1966

If this production is commingled with that from one or more other wells, give commingling order number:

IV. COMPLETION DATA

| Designate Type of Completion - (C) |                             | Drill Hole | Workover        | Deepen            | Plug Back    | Same Depth | Other |
|------------------------------------|-----------------------------|------------|-----------------|-------------------|--------------|------------|-------|
| Date Spudded                       | Date                        | Month      | Year            | Total Depth       | P.B.T.D.     |            |       |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation |            | Top Oil/Gas Pay |                   | Tubing Depth |            |       |
| Perforations                       |                             |            |                 | Depth Casing Shoe |              |            |       |
| CEMENTING AND CEMENTING RECORD     |                             |            |                 |                   |              |            |       |
| HOLE SIZE                          | CASING SIZE                 | DEPTH SET  | SACKS CEMENT    |                   |              |            |       |
|                                    |                             |            |                 |                   |              |            |       |
|                                    |                             |            |                 |                   |              |            |       |
|                                    |                             |            |                 |                   |              |            |       |

V. TEST DATA AND REQUEST FOR ALLOWABLE (This form is to be filled out after recovery of total volume of load oil and must be equal to or greater than flow rate for 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-Flow                    | Water-Flow                                    | Gas-MCF          |
| GAS MCF/D                       |                             |                                               |                  |
| Actual Prod. Test-MCF/D         | Grav. of Gas                | Grav. of Gas-MCF                              | Grav. of Gas-MCF |
| Pressure at surface, test well  | Tubing Pressure (PSI - 200) | Choke Size                                    |                  |

VI. SIGNATURES OF COMPLETION

I, the undersigned, certify that the well and completion data have been checked and found to be correct and comply with the requirements of the Act.

Emery C. Arnold  
(Signature)  
District Supervisor  
(Title)  
August 6, 1968  
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 7 1968

Original Signed by Emery C. Arnold

SUPERVISOR DIST. #3

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 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.  
This form must be filled out for each well.