NO. OF CC 1. THE C	EIVED	İ	
DISTRIBUTIO	5	i	
SANTA FE			
FILE	1	L	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR	1		

	SANTA FE	0	-	NEW MEXICO OIL CONSERVATION COMMISSION					Form C-104			
	REQUEST FOR ALLOWABLE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							Supersedes Old Co. d C-1. Effective 1-1-60				
							· · · · · ·					
	LAND OFFICE				AUTHORIZATION TO TRANSPORT UIL AND NATURAL GAS							
	TRANSPORTER OIL	1										
	GAS	1										
	OPERATOR	/										
I.	PRORATION OFFICE Operator		_		- · · · - · · · · · · · · · · · · · · ·							
	Aztec Oil & Ga	s Con	pany							•		
	Address											
	P. O. Drawer 570, Farmington, New Mexico											
	Reason(s) for filing (Check p	roper b	-	ge in Transport			Other (Please	explain)				
	Recompletion	*Old Well Dually Completed										
	Change in Ownership		Oil Casii	nghead Gas	Dry Ga Conden		01	a well	bually C	ompleted	1	
	If change of ownership give and address of previous ow		<u>,,</u>					•			•	
	P. 200 P.											
11.	DESCRIPTION OF WEL	L AN	D LEASE Well	No. Pool Nam	e, Including F	ormation		Kind of Leas	e		Lease No.	
	Hare		#]	18 Bland	co Mesave	rde		State, Federa	l or Fee		SF-07695	
	Location							·		·	.4	
	Unit Letter H	;1	500 Fee	t From The	North_Lin	e and1	070	Feet From	The Eas	st		
	10			O Namel	-	0 17 .						
	Line of Section 10		ownship 4	29 North	Range 1	0 West	, NMPM,		Sa	n Juan	County	
ш.	DESIGNATION OF TRA	NSPO	RTER OF	OIL AND NA	ATURAL GA	s						
	Name of Authorized Transpor			or Condensate		Address (Give address to	which appro	ved copy of th	his form is to	o be sentj	
	Plateau, Inc.					P. O.	Box 108,	Farmin	gton, Ne	w Mexico	0	
	Name of Authorized Transpo			as or Dr	y Gas 📉	!	Give address to				o be sent)	
	Southern Union	Gath		· · · · · · · · · · · · · · · · · · ·			ity Union			Texas	75201	
	If well produces oil or liquid give location of tanks.	8,	Unit	Sec. Twp	P. Rge.	is gas act	ually connected	17 , wn	en	•		
				l								
IV.	f this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA											
	Designate Type of C	omple	tion (Y)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res	'v. Diff. Res'v	
		ompre			<u> </u>	 	<u> </u>	1	<u> </u>	1	¦ X	
	Date Spudded		Date Con	npl. Ready to P 10-7-71	rod.	Total Dep			P.B.T.D.	70 .		
	Elevations (DF, RKB, RT, G	Reto	Name of	Producing Form	action	Top 011/0	6912'		Tuping De	791 pth		
	5841 GR	,	Mesaverde		4544		6639'					
	Perforations				 	De			Depth Cas	Depth Casing Shoe		
	4544-4650									091		
						CEMENT	ING RECORD					
	12½"		CA	CASING & TUBING SIZE			308'	<u>T</u>	S	ACKS CEM		
	6-3/4"		8-5/8'' 4-1/2''			6909'			230 Sac 775 Sac			
	0-3/4			2-3/8"		-	6939'			113 SaC	<u> </u>	
				2 07 0								
v.	TEST DATA AND REQ	UEST	FOR ALL	OWABLE (and must be	equal to or e	exceed top allow	
	OIL WELL Date First New Oil Run To	Transla ad	Deta of 7		able for this de		r full 24 hours) Method (Flow,		ift etc.)			
	Date Lites New Oll Hau 10	duxa	Date of	Date of Test			Froducting Memora (1 100) pamps and 10					
	Length of Test		Tubing F	Tubing Pressure			Casing Pressure		Choke Sign			
								المستوال المالية				
	Actual Prod. During Test		Oil-Bbla	Oil-Bbis.		Water-Bbls.		OCT 21 19/1				
										16102		
	/ CON COM											
	GAS WELL Actual Prod. Test-MCF/D		Length o	f Test		Bbls. Cor	densate/MMCF		Gravity of	Cond hadie	- 	
	4164			3 Hours								
	Testing Method (pitos, back	pr.j	Tubing P	ressure (Shut		Casing P	ressure (Shut-	in)	Choke Siz	0		
	Back Pressure						958		3/4'	1		
VI.	CERTIFICATE OF CO	MPLIA	NCE				OIL C	ONSERV	ATION CO	MMISSIO	N	
						APPROVED NOV 10 19/1 19 Original Signed by Emery C. Arnold						
	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.											
					SUFERVISOR DIST. #3							
						TITLE						
	(Charles of America)						is form is to					
	(Signature)					If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation						
	Distri	, -	uperinte	endent		tests t	tests taken on the well in accordance with RULE 1:1. All sections of this form must be filled out completely for a				1.	
:		(Title)						this form months ompleted w	ust be filled /ells.	out comple	otaly for allov	
	Octobe					F	11 out only S	ections I.	II. III. and	VI for ch	ages of owne	
	*		(Date)			well no	ume or number	, or transpo	rter, or other	such chan.	je of conditio	
							parate Forms ted wells.	C-104 mu	st be filed	TOL GROU >	col in multip	
<u> </u>												