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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	T	
	GAS	1	
OPEFATOR		2	
PROFATION OFFICE			

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

	U.S.G.S.  LAND OFFICE  IRANSPORTER OIL  GAS /	AUTHORIZATION TO TRA	AND ANSPORT OIL AND	NATURAL O	GAS								
1.	OPEFATOR 2 PROFATION OFFICE Operator				OFILE								
	Aztec Oil and Gas				(QIII)								
	Address	orbora Nava Maria			- 1000	7							
	Drawer 570, Farming Reason(s) for filing (Check proper box)	gton, New Mexico	Other (Pleas	e explain)	HIN 27 Mile	$\dashv$							
	New Well Y	Change in Transporter of: Oil Dry Go			An cose is								
	Change in Ownership	Casinghead Gas Conde	= 1		Plate 3								
	If change of ownership give name					ب							
	and address of previous owner					_							
II.	DESCRIPTION OF WELL AND	J agne No.	_										
	Reid A	Well No. Pool Name, Including F  3 Ficture		Kind of Lease State, Federal	Lease No.	1							
	Location 4 165		1111	٦									
	Unit Letter H : 1650	Peet From The <u>North</u> Lir	ne and <i>,9,9 ()</i>	Feet From T	The <u>East</u>	-							
	Line of Section 13 Tow	mship 29N Ronge	10W , NMPN	San J	uan County								
ui.	DESIGNATION OF TRANSPORT		AS										
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address	to which approv	ved copy of this form is to be sent)								
	Name of Authorized Transporter of Cas		Address (Give address	to which approx	ved copy of this form is to be sent)	-							
	El Paos Naturel Gas	Unit Sec. Twp. Age.	Box 990 Farmington, New Mexico										
	If well produces oil or liquids, give location of tanks.	! ! !	is day actain, comes	1		Ì							
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling orde	r number:									
	Designate Type of Completio	Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same Res'v. Diff. Res's								
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	_							
	4-11-69	4_27_69	2380		0271								
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	7							
	5819 Gr Perforations	Pictured Cliff	2243		2247 Depth Casing Shoe	$\dashv$							
	2243-2251, 2271-82,	4 SPF			2371								
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	AND CEMENTING RECORD		SACKS CEMENT								
	12-1/4"	8-5/8"	176		100 sx								
	6-3/4"	4-1/2"	2371		250 sx	$\dashv$							
		1	2247	<u></u>		$\exists$							
v.	TEST DATA AND REQUEST FO				and must be equal to or exceed top allow	ν•							
	OIL WELL 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	4							
j	Cendin of lest	I uptud Lieppare	odomy . toeburo		Choke Size								
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		Gas - MCF	٦							
1						لـ							
1	GAS WELL Actual Prod. Test-MCF/D			<del></del>	· · · · · · · · · · · · · · · · · · ·	_							
		Length of Test	Bbls. Condensate/MMC	·F	Gravity of Condensate								
	685 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in)	Choke Size	7							
. [		673	673		3/4"	ل							
Yā.	CERTIFICATE OF COMPLIANC	JEL	OIL	CONSERVA	TION COMMISSION 1969								
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.  (Signature)  District Superintendent:  (Title)			n APPROVED, 19										
			f. By Original Signed by Emery C. Arnold										
			TITLE SUPERVISOR DIST. #9										
			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.										
								5-23-69 (Dai		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.  Constate Forms C-104 must be the for each pool in multiply			