

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR ~~Oil~~ (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico

August 3, 1962

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Aztec Oil & Gas Company
(Company or Operator)

Corzana
(Lease)

Well No. B-1, in SW $\frac{1}{4}$ $\frac{1}{4}$,

L

Sec. 19

T. 29N

R. 11W

NMPM,

Basin Dakota

Pool

Unit Letter

San Juan

County. Date Spudded 7/5/62

Date Drilling Completed 7/18/62

Please indicate location:

Elevation 5538 G.L. Total Depth 6330 PBD 6296

Top Oil/Gas Pay 6144 Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6072-6082, 6144-6176, 6214-6236 with 4 shots per ft.

Open Hole _____ Depth _____ Casing Shoe 6329 Depth _____ Tubing 6070

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: AOF- 10,189 MCF/Day; Hours flowed 3 hrs.

Choke Size 3/4" Method of Testing: back pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Fraced w/ 68,400 gals. water, 65,000# sand, flushed w/130 Bbls.

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter Southern Union Gas Company

Remarks: _____

RECEIVED
AUG 7 1962

L CON. COM.
DIST. 3

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved August 3 AUG 7 1962, 19 62

AZTEC OIL & GAS COMPANY

(Company or Operator)

ORIGINAL SIGNED BY JOE C. SALMON

By: _____ (Signature) Joe C. Salmon

Title District Superintendent

Send Communications regarding well to:

Name Aztec Oil & Gas Company

Address Drawer # 570, Farmington, New Mexico

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

STATE OF NEW MEXICO		PERMISSION
OIL CONSERVATION		OFFICE
AZTEC DISTRICT		
NUMBER OF COPIES FILED		5
SANTA FE		
FILE		1
U.S.G.S.		2
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
PROBATION OFFICE		
OPERATOR		2