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LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator
Aspec Oil & Gas Company
Address
P. O. Drawer 570, Farmington, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
Lease Name: Hale Well No.: #1 Pool Name, including Formation: Blanco Mesaverde Kind of Lease: State, Federal or Fee SF-079057 Lease No.:
Location
Unit Letter: A 990 Feet From The North Line and 1190 Feet From The East
Line of Section: 27 Township: 31N Range: 8W, NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Address (Give address to which approved copy of this form is to be sent):
Plateau P. O. Box 108, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent):
EPNG Co
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

VI. COMPLETION DATA
Designate Type of Completion - (X)
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RRS, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENT RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

VII. TEST DATA AND REQUEST FOR ALLOWABLE
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-Bbls. Water-Bbls. Gas-MCF
GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pilot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

CERTIFICATE OF COMPLIANCE
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.
District Superintendent
March 28, 1972
OIL CONSERVATION COMMISSION
APPROVED MAR 30 1972
BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #5
TITLE
This form is to be filed in compliance with RULE 1104.
This is a request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation in 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.
See also Forms C-104 must be filed for each pool in multiply completed wells.