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FILE			!
J.S.G.S.		<u> </u>	
AND OFFICE		1	
TRANSPORTER	OIL	1	
	GAS	<u></u>	
DPERATOR		2	
PRORATION OFFICE		1	

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

FILE		ND	Ellective 1/1 05		
J.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
LAND OFFICE					
OIL Z					
TRANSPORTER GAS 1					
OPERATOR 2					
PRORATION OFFICE					
CALVIN PETROLEUM	CORPORATION				
		- Dissa Danyar Colorad	io 80202		
727 Continental	Oil Building, 1755 Glenar	Other (Please explain)	10 00101		
Reason(s) for filing (Check proper box)					
New Well	Change in Transporter of: Ott Dry Gas				
Recompletion	Oil Dry Gas Casinghead Gas Condensat	e 🗍			
Change in Ownership X	Cos.igirco or				
schange of ownership give name RODNEY P. CALVIN, OIL & GAS, same address					
nd address of previous owner					
DESCRIPTION OF WELL AND LE	Well No. Pool Name, Including Form	gtion Kind of Lease	Lease No.		
Lease Name	1 Aztec P.C.	State, Federal or	Fee fee		
Wright	Aztec F.C.	÷ •			
0 . 1850	Feet From The East Line a	and 790 Feet From The	South		
Unit Letter;;			n luan County		
Line of Section 19 Towns	ship 30N Range]	JW , NMPM, Sa	n Juan County		
	- CAC				
DESIGNATION OF TRANSPORTE	or Condensate	dadress (Give address to which approved	copy of this form is to be sent)		
Name of Authorized Transporter of Oil	- !		(alice form in to be sent)		
Name of Authorized Transporter of Casin		Address (Give address to which approved			
El Paso Natural Gas Cor	mnany !P	. 0. Box 990, Farmington	New Mexico 8/401		
	Unit Sec. Twp. Ege. !	1			
If well produces oil or liquids, give location of tanks.	1 1	No No			
If this production is commingled with	that from any other lease or pool, gi	ve commingling order number:			
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
Designate Type of Completion		Χ			
Date Spudded	Date Compl. Ready to Frod.	Total Depth	P.B.T.D.		
12_30-72	1-25-73	2125'	2084 Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Marine Cr. 1. Oddering 1 ==	Top Oil/Gas Pay	1992'		
5659' GR - 5671' RKB	Pictured Cliffs	1960'	Depth Casing Shoe		
Perforations					
1960-64' and 1968-74'	TUBING, CASING, AND	CEMENTING RECORD			
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
12 1/4"	8 5/8"	105' RKB	75 sacks		
7-7/8"	4 1/2"	2125' RKB	500 Cu. Tt.		
	1 1/4"	1992' RKB			
AND PROUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-					
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be off able for this dep	THE OF DE TOT THE ZE HOUSE			
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)		
Date First New Oil Num 10 7 and			Cheke Size		
Length of Test	Tubing Pressure	Casing Pressue			
		Water + Bbls.	Gos-MCF		
Actual Pred. During Test	O11-BE1s.				
			The state of the s		
			Gravity of Condensate		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/AMCF	Glavity of Solidania		
75157		Cosing Pressure (Shut-in)	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (2000 20)			
		OIL CONSERVA	TION COMMISSION		
. CERTIFICATE OF COMPLIAN	CE	MAY 9	10 / /		
		APPROVED			
I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given heat of my knowledge and belief.	ORIGINAL SIGHED BY N. E. MAXWELL, JR.			
above is true and complete to th	with and that the information given the best of my knowledge and belief.	TITLE FEIROLEUM ENGINEER DIST. NO. 3			
		TITLE THE THE THE TENT OF THE			
		This form is to be filed in compliance with RULE 1104.			
(/) 6 ma / /1	Calin, Ones.	If this is a request for allowable for a newly drilled or deepened 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 well, this form must be accompanied with RULE 111.			
Rodney P. Calvin	noture)	well, this form must be accompanied by a traditional well, this form must be accordance with RULE 111.			
Nogriey oa. vije	Operator All sections of this form must be filled our completory to				
If will out only Section 1, 11, 111, and a shop out condition					
May 2, 1977 well name or number, or the apporter, or other such change of containing of the such food in welli, is					
Fig. 1 to 1 t					