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| SANTA FE                            |     | 17 |  |
| FILE                                |     | 1  |  |
| U.S.G.S.                            |     |    |  |
| LAND OFFICE                         |     |    |  |
| TRANSPORTER                         | OIL |    |  |
|                                     | GAS | 1  |  |
| OPERATOR                            |     | 2  |  |
| PROBATION OFFICE                    |     | 1  |  |

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C+104

| FILE   | REQUES   | T FOR ALLOWABLE  | Supersedes Old C-104 and C-                |  |
|--|--|--|--|--|
| U.S.G.S.   | AUTHORIZATION TO TO                            | AND  Effective 1-1-65  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  |  |  |
| LAND OFFICE  |  | TANDON I OIL AND NATURAL   | _ GAS                                      |  |
| TRANSPORTER OIL  |  |  |  |  |
| GAS /  |  |  |  |  |
| OPERATOR 2   |  |  |  |  |
| I. PRORATION OFFICE  |  |  |  |  |
| Operator   |  |  | 2770                                       |  |
| Aztec Oil and Gas  | Company  |  |  |  |
|  |  |  |  |  |
| Drawer 570, Farmi  | ington, New Mexico                             |  |  |  |
| Reason(s) for filing (Check proper to New We!)   |  | Other (Please explain)   | JAN 28 1950                                |  |
|  | Change in Transporter of:                      | · <u>_</u>   .   | 1,000                                      |  |
| Recompletion   | Otl Dry C                                      | 3as 🔲  | OIL CON COM                                |  |
| Change in Ownership  | Casinghead Gas Cond                            | lensate  | DIST. 3                                    |  |
| If change of ownership give name   |  |  |  |  |
| and address of previous owner  |  |  |  |  |
| T DECEMBER   |  |  |  |  |
| I. DESCRIPTION OF WELL AN  | D LEASE  |  |  |  |
| Quintana Mesa  | Well No. Pool Name, Including                  |  | ase Lease No.                              |  |
| Location Location  | 1 Basin Dako                                   | ta State, Fede   | oral or Fee NM-4461                        |  |
|  | 700 a  |  |  |  |
| Unit Letter ;;   | 790 Feet From The South Li                     | ine and 790 Feet From  | m The West                                 |  |
| Line of Service 20   | 20 M   |  |  |  |
| Line of Section 29   | Township 32N Range                             | 5W , NMPM, Ric   | o Arriba County                            |  |
| DESIGNATION OF TRANSPIR  |  |  |  |  |
| Name of Authorized Transporter of C  | RTER OF OIL AND NATURAL G                      |  |  |  |
| Transporter of C   | or Condensate XX                               | Address (Give address to which app   | roved copy of this form is to be sent)     |  |
| Name of Authorized Transport   |  |  |  |  |
| Name of Authorized Transporter of C  |  | Address (Give address to which appr  | roved copy of this form is to be sent)     |  |
| El Paso Natural G  | as Company                                     | Box 990 Farmington, 1  | New Mexico                                 |  |
| If well produces oil or liquids,   | Unit Sec. Twp. Rge.                            |  | /hen                                       |  |
| give location of tanks.  |  | no   |  |  |
| If this production is commingled t   | with that from any other lease or pool,        | give commingling order auch  |  |  |
| . COMPLETION DATA  |  | give comminging order number:  |  |  |
| Designate Type of Complet  | Oil Well Gas Well                              | New Well Workover Deepen   | Plug Back   Same Res'v.   Diff. Res's      |  |
|  | , X  | X  |  |  |
| Date Spudded   | Date Compl. Ready to Prod.                     | Total Depth  | P.B.T.D.                                   |  |
| 8-8-68   | 9 <b>-</b> 26 <b>-</b> 68                      | 8280   | 8279                                       |  |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation                    | Top Oil/Gas Pay  | Tubing Depth                               |  |
| 6682 Gr  | Dakota   | 8192   | 8237                                       |  |
| Perforations   |  |  | Depth Casing Shoe                          |  |
| 8192-8206, 8256-8  | 8  |  | 7045                                       |  |
|  | ······································         | D CEMENTING RECORD   | (U+)                                       |  |
| HOLE SIZE  | CASING & TUBING SIZE                           | DEPTH SET  | CACKE COLUMN                               |  |
| 17-1/4"  | 13-3/8"  | 307'   | SACKS CEMENT                               |  |
| 8-3/4"   | 5-1/2"   | 7045   | 300 sx                                     |  |
|  | 1-1/2"   | 82371  | 494 ax                                     |  |
|  |  | <u> </u>   | +  |  |
| TEST DATA AND REQUEST  | FOR ALLOWARIE                                  | 4  |  |  |
| OIL WELL   | FOR ALLOWABLE (Test must be a able for this de | ifter recovery of total volume of load oil<br>epth or be for full 24 hours)  | l and must be equal to or exceed top allow |  |
| Date First New Oil Run To Tanks  | Date of Test                                   | Producing Method (Flow, pump, gas l  | lift, etc.)                                |  |
|  |  | The state of the s | -,-, -,-,,                                 |  |
| Length of Test   | Tubing Pressure                                | Casing Pressure  | Choke Size                                 |  |
|  |  |  | Cultra Siza                                |  |
| Actual Prod. During Test   | Oil-Bbis.                                      | Water - Bbls.  | Gas-MCF                                    |  |
|  |  |  | GGS-MCF                                    |  |
| ' <del></del>  |  |  |  |  |
| GAS WELL   |  |  |  |  |
| Actual Prod. Test-MCF/D  | Length of Test                                 | Table Cont.  | ·-   |  |
|  |  | Bbls. Condensate/MMCF  | Gravity of Condensate                      |  |
| 1767 Testing Method (pitot, back pr.)  | 3 hr Tubing Pressure (Shut-in)                 | 100-1  |  |  |
|  | - /  | Casing Pressure (Shut-in)  | Choke Size                                 |  |
| back pressure  | 2620   | 2620   | 3/4"                                       |  |
| CERTIFICATE OF COMPLIAN  | iCE  | OIL CONSERVA   | ATION COMMISSION                           |  |
|  |  |  | 400 a 400                                  |  |
| 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. |  | APPROVED, 19   |  |  |
|  |  | Original Signed by Emery C. Arnold   |  |  |
| to the complete to th  | - out of my knowledge and belief.              |  |  |  |
|  |  | SUPERVISOR DIST. #3  |  |  |
|  |  |  |  |  |
|  | Solar 16 de                                    | 11   | compliance with RULE 1104.                 |  |
| 101 (0:  | Salmon (de)                                    | If this is a request for allow   | wable for a newly drilled or deepened      |  |
| District St  |  | tests taken on the well in acco  | nied by a tabulation of the deviation      |  |
| シェラ ひょうしょ こじし こり   | INGPINTANGANT                                  | Il fepre favou ou fue Mary III merci   | TURNED WILL HULE 111.                      |  |
|  | uperintendent itle)                            | 11   | ist be filled out completely for allow-    |  |

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.

Security Forms C-104 must be filed for each pool in multiply