| | | | | _ |
|------------------------|-----|----------|---------|---|
| NO. OF TOPIES RECEIVED | | | | |
| DISTRIBUTION | | | 1 | |
| SANTA FE | | | | |
| FILE | | | | |
| U.S.G.S. | | | | _ |
| LAND OFFICE | | | <u></u> | |
| TRANSPORTER | OIL | | | |
| | GAS | <u></u> | | |
| OPERATOR | | | | |
| PRORATION OFFICE | | <u> </u> | | |
| Operator | | | | |

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

| FILE | | AND | Effective 1-1-65 |
|--|--|--|--|
| U.S.G.S. | AUTHORIZATION TO TRA | NSPORT OIL AND NATURAL G | AS |
| LAND OFFICE | | | |
| TRANSPORTER GAS | | | |
| OPERATOR | | | |
| PRORATION OFFICE | | | |
| Operator | | | |
| Aztec Oil & Gas Co | ompany | | |
| Address F.70 | Francisco V. W | | |
| Reason(s) for filing (Check proper t | | 7401 Other (Please explain) | |
| New Well | Change in Transporter of: | | |
| Recompletion | Oil Dry Ga | s X | |
| Inange in Ownership | Casinghead Gas Conder | nsate | |
| If change of ownership give name | | | |
| and address of previous owner | | | |
| neconingion of Well AN | D I FACE | • | |
| DESCRIPTION OF WELL AN Lease Name | Well No. Pool Name, Including F | ormation Kind of Lease | Lease No. |
| Quintana Mesa | #1 Basin Dakota | a State, Federa | NM-4461 |
| Location | | 5 00 | |
| Unit Letter M ; | 790 Feet From The South Lin | ne and 790 Feet From ' | The West |
| Line of Section 29 | Township 32 North Range | 5 West , NMPM, | Rio Arriba County |
| Line of Section 25 | Township 32 NOTTH Range | J HESC , MMEM, | ATO ATTIDA COUNTY |
| DESIGNATION OF TRANSPO | ORTER OF OIL AND NATURAL GA | | |
| Name of Authorized Transporter of | Oil or Condensate X | Address (Give address to which appro | ved copy of this form is to be sent) |
| Plateau, Inc. | | Box 108, Farmington, Address (Give address to which appro | New Mexico |
| Name of Authorized Transporter of | | <u> </u> | |
| Northwest Pipeline | | 501 Airport Drive, Fa | |
| If well produces oil or liquids, | Unit Sec. Twp. Rge. | is dus detailly connected; | |
| give location of tanks. | | | |
| If this production is commingled COMPLETION DATA | with that from any other lease or pool, | give comminging order number. | |
| | Oil Well Gas Well | New Well Workover | Back Same Res'v. Diff. Res'v. |
| Designate Type of Comple | etion – (A) | (21.11 | VED |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | Pager.D. |
| CDE DWD DT CD | Name of Producing Formation | Top Oil/Gas Pay JAN 2 | 9 1374g Debth |
| Elevations (DF, RKB, RT, GR, etc. | .) Name of Producing Pointerior | | <i> </i> |
| Perforations | <u> </u> | | GON Claing Shoe |
| 1 | | DIST | 3 |
| L | TURING, CASING, AN | D CEMENTING RECORD | |
| | TODING, CHARLES, THE | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| HOLE SIZE | | DEPTH SET | SACKS CEMENT |
| HOLE SIZE | | DEPTH SET | SACKS CEMENT |
| HOLE SIZE | | DEPTH SET | SACKS CEMENT |
| | CASING & TUBING SIZE | | |
| TEST DATA AND REQUEST | CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this decoration) | after recovery of total volume of load oil | and must be equal to or exceed top allow |
| TEST DATA AND REQUEST | CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this decoration) | after recovery of total volume of load oil | and must be equal to or exceed top allow |
| TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks | CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this d | after recovery of total volume of load oil | and must be equal to or exceed top allow |
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