NO. OF COPIES RECEIVED				
DISTRIBUTION		6		
SANTA FE		7		
FILE			L'	
u.s.g.s.				
LAND OFFICE				
TRANSPORTER	OIL	1		
	GAS	1		
OPERATOR		3		
PRORATION OFFICE				

NEW MEXICO OIL CONSERVATION COMMISSICN REQUEST FOR ALLOWABLE

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

FILE 1 2	7	AND	Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TRA	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE	_				
TRANSPORTER OIL / GAS /	\dashv				
OPERATOR 2	-				
PRORATION OFFICE					
Operator					
Aztec Oil and	Gas Company				
Address					
Prawer 570 Reason(s) for filing (Check proper box	Partington, New Terico	Other (Please explain)			
New Well	Change in Transporter of:	Oller (1 tease explain)			
Recompletion	Oil Dry Gas	s 🔲			
Change in Ownership	Casinghead Gas Conden	sate 🔲			
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lea	Lease No.		
Thompson	11 Basin Dakot	State, Fede	ral or Fee Fed NM 01614		
Location					
Unit Letter H ; 15	80 Feet From The North Line	e and <u>790</u> Feet From	n The East		
			- Country		
Line of Section 34 To	ownship 31N Range	124 , NMPM, San	Juan County		
DECICNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S			
Name of Authorized Transporter of Of	or Condensate	Address (Give address to which app	roved copy of this form is to be sent)		
New Mexico Tankers to	Plateau	Box 2151 Farmingto	n. New Mexico robed copy of this form is to be sent)		
Name of Authorized Transporter of Co	asinghead Gas 🔀 💮 or Dry Gas 🗔	Address (Give address to which app	robed copy of this form is to be sent)		
Southern Union Cather		Box 398 Eloowfiel	d New Mexico		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	viieii.		
give location of tanks.		l no			
	ith that from any other lease or pool,	give commingling order number:			
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Completi	ion – (X)	×	1		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
4/27/66	Name of Producing Formation	Top Oil/Gas Pay	77.01 Tubing Bepth		
Elevations (DF, RKB, RT, GR, etc.)					
6036 GR Perforations	Daluta	6893	Depth Casing Shoe		
	in column		7349		
6898-6902, 6960-76,	TUBING, CASING, AND	CEMENTING RECORD	1243		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
12-1/4	£ -5/ 8	308	250		
7-7/8	i=1/2	7149	920		
	1-1/2	6966			
MEST DATA AND REQUEST !	FOR ALLOWARIE (Test must be a	fter recovery of total volume of load of	oil and must be equal to or exceed top allow		
OIL WELL	able for this de	epth or de jor juit 24 hours			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
		Casing Pressure	Choké Sallull LD		
Length of Test	Tubing Pressure	Cdema Freezena	\		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas MCFJUN 1 6 1966		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			OIL CON. COM.		
1			DIST. 3		
GAS WELL		BUILD CONTROL AND CO	Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensatis		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
resting Method (pitot, oack pr.)	. world . some of Gunnage &				
back pressure. CERTIFICATE OF COMPLIA	1808	1808 OIL CONSER	VATION COMMISSION		
. CERTIFICATE OF COMPLIA	NCE	H	2 0 1966		
I hereby certify that the rules and	d 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.		By Original Signed by Emery C. Arnold			
above is true and complete to the	sant or mil umanisaBe and parton	SUPERVI	SOR DIST. #3		
CRIGINAL SIGNED BY JOE C. SALMON		TITLE			
		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened			
		I wall this form must be accom	bauted by a fabilition of the destation		
•	gnature)	tests taken on the well in ac	Cordance With RULE 111.		
<u>District Supering</u>	District Superintendent All sections of this form must be filled out completely for able on new and recompleted wells.				
Till out only Sections I II III, and VI for changes o			II. III. and VI for changes of owner,		
()	Date)	well name or number, or transp	orter, or other such change of condition		
Separate Forms C-104 must be filed for each completed wells.			nust be illed for each poor in municipit		