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

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

I.

Operator: **Aztec Oil and Gas**

Address: **Drawer 570 Farmington, New Mexico**

Reason(s) for filing (Check proper box)

New Well	X	Change in Transporter of:			
Recompletion		Oil		Dry Gas	
Change in Ownership		Casinghead Gas		Condensate	

Other (Please explain)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Thompson	**12**	**Basin Dakota**	State, Federal or Fee **Fed**	**NM 01614**

Location

Unit Letter **M** **840** Feet From The **South** Line and **1080** Feet From The **West**

Line of Section **33** Township **31N** Range **12W** NMPM, **San Juan**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ___ or Condensate X — Address (Give address to which approved copy of this form is to be sent)

Plateau Incorporated — **Box 108 Farmington, New Mexico**

Name of Authorized Transporter of Casinghead Gas ___ or Dry Gas X — Address (Give address to which approved copy of this form is to be sent)

Southern Union Gathering — **Box 398 Bloomfield, New Mexico**

If well produces oil or liquids, give location of tanks. Unit ___ Sec. ___ Twp. ___ Rge. ___ Is gas actually connected? **no** When ___

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well ✓	New Well ✓	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5/20/66	7/2/66	6971	6934
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
5946 GL	Dakota	6732-6835	6764
Perforations			**Depth Casing Shoe**
6732-37, 6780-96, 6831-35 4 SPF			6970

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	309'	230 sx
7-5/8"	4-1/2"	6970'	825 sx
	2-3/8"	6764'	

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

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
2261	3 hr		
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
back pressure	171	473	3/4"

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OIL CON. COM.
DIST. 3

VI. 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.

ORIGINAL SIGNED BY JOE C. SALMON
(Signature)

District Superintendent
(Title)

August 31, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP - 2 1966** 19 ___

BY **Original Signed by Emery C. Arnold**

TITLE **SUPERVISOR DIST. #3**

This form is to be filed in compliance with RULE 1104.

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 tests taken on 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.