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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRORATION OFFICE	
OPERATOR	

REQUEST FOR (OIL)- (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington 10-21-64
(Place)   (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Aztec Oil & Gas Company .... Richmond "B", Well No. 11 ...., in....■.. ¼ ....■.. ¼,
(Company or Operator)   (Lease)

....B.., Sec...22..., T..31S.., R..10W.., NMPM., ...Basin Dakota..........Pool
Unit Letter

San Juan .... County. Date Spudded...9-15-64.... Date Drilling Completed ...10-4-64...
Elevation...6049 Ground... Total Depth...7413... PBTD...7360...
Top Oil/Gas Pay...7257... Name of Prod. Form._____

PRODUCING INTERVAL –

Perforations 7257-7263 7267-7271 7298-7298 7344-7368 7389-7395
                          Depth   Depth
Open Hole_____ Casing Shoe_____ Tubing_____

Please indicate location:

D	C	B	A
X			
E	F	G	H
L	K	J	I
M	N	O	P

OIL WELL TEST –
                                                            Choke
Natural Prod. Test:_____bbls.oil, _____bbls water in ____hrs, ____min. Size__

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
                                                            Choke
load oil used):_____bbls.oil, _____bbls water in ____hrs, ____min. Size____

GAS WELL TEST –

Natural Prod. Test:_____ MCF/Day; Hours flowed ____Choke Size____

(FOOTAGE)
Tubing, Casing and Cementing Record Method of Testing (pitot, back pressure, etc.):_____

Size	Feet	Sax
8-5/8	276	185
4-1/2	7410	1070
2-3/8	7199	

Test After Acid or Fracture Treatment:...2290... MCF/Day; Hours flowed____
Choke Size...3/4... Method of Testing: Multi Point Back Pressure Test

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):_____

Casing   Tubing   Date first new
Press._____ Press._____ oil run to tanks_____

Oil Transporter...Shell Pipeline...
Gas Transporter...Southern Union Gathering System...

RECEIVED
OCT 23 1964
OIL CON. COM.
DIST. 3

Remarks:_____

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved...October 22... OCT 23 1964......., 19.64.   Aztec Oil & Gas Company
                                                            (Company or Operator)

OIL CONSERVATION COMMISSION   ORIGINAL SIGNED BY JOE C. SALMON
                                        By:_____
By: Original Signed Emery C. Arnold   (Signature)

Title: Supervisor Dist. #3   Title...District Superintendent...
                                        Send Communications regarding well to:
                                        Name...Aztec Oil & Gas Company...
                                        Drawer #710, Farmington, New Mexico