NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE

December 17, 1969 (Date)

CORRECTED COPY

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C -104 Supersedes Old C-104 and C-11i Fifective 1-1-65

1	FILE	/ -		AND				
	U.S.G.S.			AUTHORIZATION TO TRAN	URAL GA	S		
	LAND OFFICE		_					
1	TRANSPORTER OIL	_						
	GAS	2	_					
1	OPERATOR SELCE	2						
1.	PROPATION OFFICE							
;	Aztec Oil & Gas Company							
	Authoris Communication Communi							
	Draver 570, Farmington, New Mexico							
:	Reason(s) for filing (Check proper box)				Other (Please ex		Transporter:	
				Change in Transporter of:	$\overline{\mathbf{x}}$ Cho	inged to	Southern Union	Gas
	Recompletion			Oil Dry Gas Casinghead Gas Condense	,, <u>A</u>			1
	Change in Ownership			Casingheda Gas Condense				J
	If change of ownership give		е					
	and address of previous ow	ner						
П.	DESCRIPTION OF WELL AND LEASE.							
	Lease Name			Well No. Pool Name, Including For	mation Ki	nd of Lease	F GF 070115	Lease No.
	Grenier			#18 Pictured Clif	fs	ite, rederdi	cr Fee SF-078115	
	Location			Court To	and 1840		East]
	Unit Letter J	. i	155	50 Feet From The South Line	and	Feet From T	ne	
	12		~	ship 31 North Range 12	West , NMPM,		San Juan	County
	Line of Section 13		Town	snip 31 WOI-Vit Hange 15	7 11.11.11.11			
7.73	DESIGNATION OF TRA	NSPO	TRE	ER OF OIL AND NATURAL GAS				
111.	Name of Authorized Transpor	01; [or Condensate	vidress (Give address to which approved copy of this form is to be sent)				
	Name of Authorized Transporter of Casinghead Gas or Dry Gas 🔼				Address (Give address to which approved copy of this form is to be sent)			
	Southern Unio	on G	as		Fidelity Union		Dallas, Texas	75201
	If well produces oil or liquid	is,		Unit Sec. Twp. Rge.	Is gas actually connected?	Wiles	•	
	give location of tanks.							
	If this production is commingled with that from any other lease or pool, give commingling order number:							
IV.	COMPLETION DATA			Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res'v	. Diff. Res'v.
	Designate Type of C	ompl	etion	$\mathbf{n} = (\mathbf{X})$	1			<u> </u>
	Date Spudded			Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.) N			Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth	
							Depth Castrus Shoe	
	Perforations							
	TUBING, CASING, AND				CEMENTING RECORD			
	HOLE SIZE			CASING & TUBING SIZE	DEPTH SET		SACKS CEME	NT
	A042 3.24							
							<u> </u>	
						<u> </u>		
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)							
	OH. WELL Date First New Cil Run To Tanks Date of Test				Producing Method (Flow, pump, gas lift, etc.)			
	Date First New Cli Hun 10	1 Unika	•	Date of Tool				
	Length of Test	Length of Test Tubing Pressure		Tubing Pressure	Casing Pressure		Choke Size	
	Actual Prod. During Test	al Prod. During Teat Oil-Bbls.		Water-Bbls.		Gas-MCF		
	' <u></u>		•					
	GAS WELL				Bbls. Condensate/MMCF		Gravity of Condensate	
	Actual Prod. Test-MCF/D)		Length of Test	Bots. Condensate wince			
	Testing Method (pitot, bac)	k ne)		Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in)	Choke Size	
	Testing Method (pitot, ode)	к pr.)		Tubing Pressure (Since 22)				
	TO THE OF COMPANION			OIL CONSERVATION COMMISSION				
V	. CERTIFICATE OF COMPLIANCE				DEC 1 8 1969			
	I hereby certify that the rules and regulations of the Oil Conservation				APPROVED APPOID			
	and that the information gives				Original Signed by Emery C. Arnold			
	above is true and complete to the best of my knowledge and belief.				: D			
				TITLE SUPERVISOR DIST. #5				
				This form is to be filed in compliance with RULE 1104.				
	(Signature) District Superintendent (Title)				for a result for a result drilled or deepene			
			(Sign	ature)	well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow			
	District Sy	per	inte	endent				
	(Title)				able 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 multiple plated wells.