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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-110
Effective 1-1-65

Operator _____

Address _____

P. O. Drawer 570, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:		Other (Please explain)	
Recompletion	☐	Oil	☐	Dry Gas	☐
Change in Ownership	☐	Casinghead Gas	☐	Condensate	☐

NAME CHANGE

If change _____ give name and address of previous owner _____ Aztec Oil & Gas Company, P. O. Drawer 570, Farmington, New Mexico 87401

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No. / Pool Name, including Formation	Kind of Lease	Lease No.
East	#13 Aztec Pictured Cliff	State, Federal or Fee Federal	SF-077532
Location			
Unit Letter	N	1160 Feet From The	South Line and 1560 Feet From The West
Line of Section	24	Township	31 North Range 12 West, NMPM, San Juan County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil _____ or Condensate _____	Address (Give address to which approved copy of this form is to be sent)
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Name of Authorized Transporter of Oil _____ or Condensate _____	Address (Give address to which approved copy of this form is to be sent)
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If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B./T.D.					
Elevation - (F, R&B, RT, GR, etc.)	Name of Producing Formation	Total Depth or Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

District _____

(Title)

(Date)

OIL CONSERVATION COMMISSION

JAN 12 1978

APPROVED _____, 19 _____

BY _____ Original Signed by A. R. Kendrick

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