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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	2
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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

I. Operator
Aztec Oil & Gas Company
Address
Drawer 570, Farmington, New Mexico
Reason(s) for filing (Check proper box)
New Well 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 East Well No. 17 Pool Name, including Formation Pictured Cliffs Kind of Lease Federal Lease No.
Location
Unit Letter L : 1750 Feet From The South Line and 1080 Feet From The West
Line of Section 26 Township 31 Range 12, NMPM, San Juan County

III. 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)
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 Union Gathering Fidelity Union Tower Dallas, Texas
If well produces oil or liquids, give location of tanks. Unit: Sec. Twp. Rge. Is gas actually connected? When
No

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

IV. COMPLETION DATA

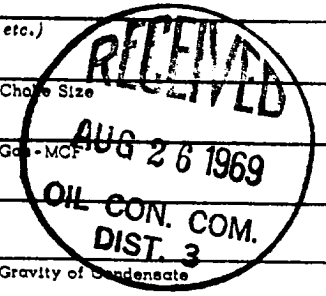
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>6-10-69</u>	Date Compl. Ready to Prod. <u>6-24-69</u>	Total Depth <u>2630</u>	P.B.T.D. <u>2628</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6094 Gr</u>	Name of Producing Formation <u>Pictured Cliffs</u>	Top Oil/Gas Pay <u>2554</u>	Tubing Depth <u>2555</u>					
Perforations <u>2554-2574</u>			Depth Casing Shoe <u>2628</u>					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/2</u>	<u>8 5/8</u>	<u>112</u>	<u>60 sm</u>
<u>6 1/2</u>	<u>4 1/2</u>	<u>2628</u>	<u>250 sm</u>
	<u>1</u>	<u>2555</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)

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

Actual Prod. Test-MCF/D <u>264</u>	Length of Test <u>3 Hrs</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back Pr.</u>	Tubing Pressure (Shut-in) <u>681</u>	Casing Pressure (Shut-in) <u>681</u>	Choke Size <u>3/4</u>



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.

Emery C. Arnold
(Signature)
District Superintendent
(Title)
August 25, 1969
(Date)

OIL CONSERVATION COMMISSION
APPROVED AUG 26, 1969
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