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1	DISTRIBUTIO	<u> </u>	L			
ſ	SANTA FE					
ı	FILE					
	U.S.G.S.			<u> </u>		
1	LAND OFFICE	<u> </u>	L			
	TRANSPORTER	OIL	/_			
		GAS	/_	l		
	OPERATOR	1	<u> </u>			
	PRORATION OF	Γ				
	Opension					

Form C-104 Supersedes Effective 1-	-	 end	C-110

-	DISTRIBUTION		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110			
-	SANTA FE /	KEQUESI F	FOR ALLOWABLE AND	Effective 1-1-65			
- }	U.S.G.S.	AUTHODIZATION TO TRAN	NSPORT OIL AND NATURAL GA	ıs			
ŀ	LAND OFFICE						
-	OIL /						
	TRANSPORTER GAS /						
ı	OPERATOR /						
1.	PRORATION OFFICE						
	Operator						
	Aztec Oil & Gas Company						
	P. O. Drawer 570, Far	mington, New Mexico 874	01	İ			
	Reason(s) for filing (Check proper box)	mingon, now nonzoo	Other (Please explain)				
	New Well	Change in Transporter of:					
	Recompletion	Oil Dry Gas					
	Change in Ownership Casinghead Gas Condensate						
	If change of ownership give name						
	and address of previous owner						
		EASE					
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.			
	Wilmer Canyon	#1 Blanco Mesa	iverde State, Federal	or Fee Federal NM-6893			
	Location						
	Unit Letter 'M : 11	50 Feet From The South Line	and 900 Feet From Th	West			
		70 N .1	O Manta among	San Juan County			
	Line of Section 24 Tow	nship 32 North Range	8 West , NMPM,	San Juan County			
		TED OF OH AND NATURAL CA	8				
III.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GAS or Condensate X	Address (Give address to which approve	ed copy of this form is to be sent)			
	Plateau, Inc.		P. O. Box 108, Farmingt	on, New Mexico			
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 🔀	Address (Give address to which approve	ed copy of this form is to be sent)			
	Northwest Pipeline		501 Airport Drive, Farm				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	`			
	give location of tanks.						
	If this production is commingled wit	h 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 Completio	n - (X)					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
				Depth Casing Shoe			
	Perforations TUBING, CASING, AND CEMENTING REC						
			CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	11012 010			400 %			
				70 V			
			`	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
			to a last and all a	nd what be equal to openceed top allow-			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil a pth or be for full 24 hours)				
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	t, etc.)			
	Date 1 not now out to		`				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
			Water-Bbis.	Gas-MCF			
	Actual Prod. During Test						
CAS WELL							
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION			
			APPROVED	UEU 20 1974			
		I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED			
	above is true and complete to the	e best of my knowledge and belief.	BY Office Digites Dy	BY			
	1.		PETROLEUM FAGRANA DE T. NO. 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 allow-				
	(). 1 M	Harris					
	Ju Com	ature)					
	District Superintend						
	T	(tle)	able on new and recompleted we	1118.			
December 20, 1974			Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporten or other such change of condition.				
	(D	ate)	Separate Forms C-104 mus	t be filed for each pool in multiply			
		•	completed wells.				