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TRANSPORTER GAS	1
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

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AUG
OIL

Operator
Aztec Oil & Gas Company

Address
Drawer 570, Farmington, New Mexico

Reason for Filing (Please check box)

New Well
Recompletion
Change in Ownership

Change in Transporter of:
Oil
Casinghead Gas
Dry Gas
Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

Undes.

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Grande II	4	Blanco Mesaverde	State, Federal or Fee	SF-080139

Location

Unit Letter A ; 890 Feet From The North Line and 1190 Feet From The East

Line of Section 10 Township 31N Range 10W, NMPM, San Juan County

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)

Northern Union Gathering

Address (Give address to which approved copy of this form is to be sent)
Middle Ridge Union Tower, Dallas, Texas

If well produces oil or liquids, give location of tanks.

If gas is not being sold and why?

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

Elev.	Prod. Formation	Top Pay	Plug Back Depth
5522 GL	Blanco Mesaverde	5800	8705

Tubing Depth

Depth Casing Shoe

8680-8704, 4 SPF

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	[illegible]	80
8-3/4"	4-1/2"	8705'	80
	2"	8687'	

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 a 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
3 hrs.

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (pitot, back pr.)
Back Pressure

Tubing Pressure (Shut-in)
880

Casing Pressure (Shut-in)

Choke Size
3/4"

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.

(Signature)
District Superintendent
(Title)
August 5, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 25 1969, 19

Original Signed by Emery C. Arnold

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 multiple completions.