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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 <i>Aztec Oil & Gas Company</i>	
Address <i>Drawer 570, Farmington, New Mexico</i>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE				
Lease Name <i>Patterson</i>	Well No. <i>#3</i>	Pool Name, Including Formation <i>Undesignated Picture Cliff</i>	Kind of Lease State, Federal or Fee <i>Fee</i>	Lease No.
Location				
Unit Letter <i>N</i>	<i>1090</i>	Feet From The <i>South</i> Line and <i>1490</i>	Feet From The <i>West</i>	
Line of Section <i>2</i>	Township <i>31N</i>	Range <i>12W</i>	NMPM, <i>San Juan</i>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<i>Southern Union Gathering</i>	<i>Box 398, Bloomfield, New Mexico</i>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<i>No</i>

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

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.		
	<i>X</i> <i>X</i> <i>X</i>		
Date Spudded <i>6-5-70</i>	Date Compl. Ready to Prod. <i>6-15-70</i>	Total Depth <i>2835'</i>	P.B.T.D. <i>2835'</i>
Elevations (DF, RKB, RT, GR, etc.) <i>6219 Gr</i>	Name of Producing Formation <i>Pictured Cliffs</i>	Top Oil/Gas Pay <i>2738'</i>	Tubing Depth <i>2737'</i>
Perforations <i>2738-44, 2754-58, 2762-86</i>		Depth Casing Shoe <i>2830</i>	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<i>12 1/4"</i>	<i>8-5/8"</i>	<i>108'</i>	<i>100 SCS</i>
<i>6-3/4"</i>	<i>4-1/2"</i>	<i>2830'</i>	<i>300 SCS</i>
	<i>1"</i>	<i>2737'</i>	

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 <i>574</i>	Length of Test <i>3 Hours</i>	Bbls. Condensate/MMCF	Grav. MCF
Testing Method (pilot, back pr.) <i>Back Pressure</i>	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) <i>869</i>	Choke Size <i>3/4"</i>

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.	
<i>J. E. Salmon</i> (Signature) District Superintendent (Title) <i>June 25, 1970</i> (Date)	

OIL CONSERVATION COMMISSION JUN 29 1970	
APPROVED _____, 19____	BY <i>Original Signed by A. R. Kendrick</i>
TITLE <i>PETROLEUM ENGINEER DIST. NO. 9</i>	
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 recompleted wells.	

