NO. OF COPIES REC	5		
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	/	
TRANSI OILI OIL	GAS		
OPERATOR		1	
PRORATION OF			
Operator			

•	/					
SSION	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65					
IATURAL GAS	)					
***************************************						
explain)						
· · · · · · · · · · · · · · · · · · ·						
Kind of Lease	Lease No.					
State, Federal or	Fee Federal NM-2995					
Feet From The	West					
1,	San Juan County					
	copy of this form is to be sent)					
	on. New Mexico I copy of this form is to be sent)					
	ington, New Mexico					
ted? When	Ington, New Mexico					
er number:						
Deepen	Plug Back   Same Res'v. Diff. Res'v.					
	P.B.T.D.					
	·					
3 10	Tubing Depth					
Depth Casing Shoe						
NO 051.3						
SET .	SACKS CEMENT					
lume of load oil ar	nd must be equal to or exceed top allow-					
ow, pump, gas lift,	etc.)					
	Choke Size					
	Gas - MCF					
ACF	Gravity of Condensate					
ut-su)	Choke Size					

	DISTRIBUTION /		NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE							Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65					
	J.S.G.S. /		AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS												
卜	AND OFFICE  OIL / GAS /														
	OPERATOR /				•										
	Aztec Oil & Gas Cor	npany	7									<u>.</u>			
[	Address P. O. Drawer 570,	Farmi	ington, N	ew Mea	kico 8740	1						·			
- 1	Reason(s) for filing (Check proper														
	New Well Recompletion Change in Ownership		Oil Casinghea		Dry Gas Condense	xte 🗌									
L 1	change of ownership give named address of previous owner.	me							,						
I. I	ESCRIPTION OF WELL A		EASE	Deel Mar	ne, Including For	mation		1	Kind of Leas	•				Lease No.	
Ī	Burnt Mesa		#2		anco Mesav				State, Federa	l or Fe	• Fed	eral	N	1-2995	
	Unit Letter N ;	950	Feet From	n The	South_Line	and	1850		_ Feet From	The	West				
	Line of Section 26	Town	aship 32 N	orth	Range	7 Wes	t	NMPM,	·		San J	uan_		County	
	DESIGNATION OF TRANSI	PORT	ER OF OIL	AND N	ATURAŁ GAS								· · · · · · · · · · · · · · · · · · ·		
ווו. 	Name of Authorized Transporter	of Oil	or Co	ondensate	XX	777.000			which appro					s sent)	
ļ	Plateau, Inc.	of Casi	nghead Gas	or Dr	y Gas XX	Address	(Give a	ddress to	which appro	wed co	py of thi	s form i	s to be		
	Northwest Pipeline	: 	Unit Sec.		p. Pge.		Airpo		rive, Fa	rmin nen	gton,	New	Mex	100	
	If well produces oil or liquids, give location of tanks.	1							number:			<del></del>			
v.	f this production is commingle COMPLETION DATA	ed with						rkover	Deepen	Plu	g Back	Same 1	Res'v.	Diff. Res'v.	
	Designate Type of Comp	pletio		ll Well	Gas Well	New We	!			<del>-</del>		! !		1	
	Date Spudded		Date Compl. R	leady to I	Prod.	Total D	epth	16			3.T.D.				
	Elevations (DF, RKB, RT, GR,	etc.j	Name of Produ	icing For	mation	Top Oil	/Gas Pa	ý	- 123 °		oing Dep				
	Perforations  Depth Casing Shoe														
	TUBING, CASING, AND CEMENTING RESORD SACKS CEMENT								NT						
	HOLE SIZE		CASING	& TUB	ING SIZE										
					(Test must be a)				me of land a	il and i	nuet he e	oual to	or exc	eed top allow-	
V.	TEST DATA AND REQUE	ST F	OR ALLOWA	BLE	(Test must be af able for this de	pth or be	i jor juli	24 nour	v, pump, gas						
	Date First New Oil Run To Tanks Date of Test								, pamp, 840		oke Size				
	Length of Test Tubing Pressure					Casing	Casing Pressure								
	Actual Prod. During Test Oil-Bbis.					Water-	ter-Bbls. Gas-MCF								
	Actual Prod. Test-MCF/D		Length of Te	et			Condens			G	ravity of	Conden	sate		
	Testing Method (pitot, back pr.	.)	Tubing Press	ewe (Sh	rt-in)	Casin	Pressu				hoke 812				
VI	CERTIFICATE OF COMP	LIAN	CE						CONSER		ON CC	MMIS	SION	2 g 🕦 .	
	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.					APPROVED									
					BOriginal Signed by A. R. Kendrick  TITLE PETROLEUM ENGRED DELT NO. 3										
						TIT									
	O. A American								to be filed . quest for al				della	d of deedened	
	Jill Blesser					tes	1, this	form mu	st be accor well in ac	corde	ace with	RULI	E 111	1	
	District Superintendent (Title)  December 20, 1974 (Date)					ii .	All se	ctions	of this form	must wells	pe tille.	out c	ombra	(STA for STIOM-	
						13	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								