NO. OF COPIES RECEIVED		5	5	
DISTRIBUTION				
SANTA FE		4		
FILE		1	1	
U.\$.G.S.		<u> </u>		
LAND OFFICE		L.,		
TRANSPORTER	OIL	<u>L'</u>		
	GAS	1		
OPERATOR		1	 	
PRORATION OFFICE		<u>L '</u>	<u> </u>	

NO. OF COPIES RECEIVED 5					
DISTRIBUTION	NEW MEXICO OIL CONS	CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110			
ANTA FE	REQUEST FOR ALLOWABLE Effective 1-1-65				
	AND				
ILE /	AUTHORIZATION TO TRANSF	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
J.S.G.5.	AUTHORIZATION TO TRAINS ON STATE				
AND OFFICE	┪				
RANSPORTER GAS	1				
PERATOR					
RORATION OFFICE					
perator					
Aztec Oil & Gas Co	ompany				
ddrass		1401			
P. O. Drawer 570,	Farmington, New Mexico 87	Other (Please explain)			
eason(s) for filing (Check proper box	x <i>)</i>	Other (Freuse explana)			
ew Well	Change in Transporter of:	CARC.			
Recompletion	Oil Dry Gas				
change in Ownership	Casinghead Gas Condensate	[
nange in Canalant					
change of ownership give name d address of previous owner					
ESCRIPTION OF WELL AND	LEASE	Kind of Lease	e Leane No		
ease Name		State, Federa	il or Fee Federal NM-6890		
Reese Mesa	#4 Basin Dakota	<u>a</u>	Tederar 1761 0000		
Location			Wos+		
	Feet From The South Line of	and 1820 Feet From	The West		
Unit Letter K : 25	reet from the				
	Cownship 32 North Range	8 West , NMPM,	San Juan County		
Line of Section 11 T	ownship 32 NOTTH Runge				
	CT ON AND NATURAL GAS				
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GAS	Address (Give address to which appro	wed copy of this form is to be sent;		
Name of Authorized Transporter of C		n o Des 100 Earmin	agton New Mexico		
Plateau, Inc.	Casinghead Gas or Dry Gas X	Address (Give address to which appro	oved copy of this form is to be sent)		
Name of Authorized Transporter of C	Casinghead Gas Or Dry Gas K		armington, New Mexico		
Northwest Pipeli	ne	Is gas actually connected? Wh	hen		
	Unit Sec. Twp. Rge.	is gas actually commense.			
If well produces oil or liquids, give location of tanks.					
If this production is commingled COMPLETION DATA Designate Type of Comple	OII WELL	New Well Workover Deepen	Plug Back Same Res'v. Diff. Re		
Designate Type of Compe	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Date Spudded	Date Compi. Reddy to 1 2000				
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Death		
Elevations (DF, RKB, RT, GR, etc.	.) Name of Producing Pointain				
			Depth Casing Shape		
Perforations					
		CORD DECORD	Vertical Control of the Control of t		
	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P		
HOLE CIT					
		*	West Control of the C		
	The second secon	fter recovery of total volume of load (oil and must be equal to or exceed top t		
TEST DATA AND REQUES	FOR ALLOWABLE (1 est must be a) able for this de				
ON WELL		Producing Method (Flow, pump, gas	; lift, etc.)		
Date First New Oil Run To Tanks	Date of 1444	`			
	The base of the second of the	Casing Pressure	Choke Size		
Length of Test	Tubing Pressure				
		Water-Bble.	Gas - MCF		
Actual Prod. During Test	Oil-Bbls.				
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of Test	Date: Golden-Toy			
		- Chub-4al	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	\-\		
1 sarring Marrior (hanne) and a hann					
	-ANGE	OIL CONSEF	RVATION COMMISSION		
1. CERTIFICATE OF COMPI	LIANCE	11	DEC 23 197		
		APPROVED	Ulade, 19		
I hereby certify that the rules	and regulations of the Oil Conservation	Original Staned b	y A. H. Zendrick		
Commission have been comp	and regulations of the On Commetion given lied with and that the information given to the best of my knowledge and belief.	BY OLIBITION STORES	NO. 3		
above is true and complete		PETROLINGE INC	2		
		1116	in compliance with RULE 1104.		
		II do no filed	1 IN COMPITERS ASSU VALLE		

O A Acres
District Superintendent
December 20, 1974 (tele)
(Date)

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 transporten or other such change of condition

Separate Forms C-104 must be filed for each pool in multiply completed wells.