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

NO. OF COPIES RECEIVED			
DISTRIBUTION		SERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110
SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C Effective 1-1-65		
FILE		AND	_
u.s.g.s.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	\$
LAND OFFICE			
OIL			
TRANSPORTER GAS			
OPERATOR /			
PRORATION OFFICE			
Operator			
Aztec Oil & Gas Compa	iny		
Address			
P. O. Drawer 570, Far	rmington, New Mexico 8740		
Reason(s) for filing (Check proper box,)	Other (Please explain)	
New Well X	Change in Transporter of:		
Recompletion	Oil Dry Gas		
Change in Ownership	Casinghead Gas Condense	ate	
Citation			
If change of ownership give name	_		
and address of previous owner			
OF WELL AND	I FACE		No.
DESCRIPTION OF WELL AND	Well No. Pool Name, Including For	mation Kind of Lease	Lease No.
Reese Mesa	#4 Basin Dako		or Fee NM-6890
Location K 25	00 Feet From The South Line	and 1820 Feet From Th	west
Unit Letter K 25	Feet From TheLine	did	
11	wnship 32 North Range	8 West , NMPM,	San Juan County
Line of Section 11 To	waship 32 NOT CII Range		
	TER OF OUR AND NATURAL CAS		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	Address (Give address to which approve	ed copy of this form is to be sent)
Name of Authorized Transporter of Ol	5. 05.12.10.11	D 100 Farmington Ne	w Mexico 87401
Plateau, Inc.	singhead Gas or Dry Gas X	Address (Give address to which approve	ed copy of this form is to be sent)
Name of Authorized Transporter of Co		501 Airport Drive, Farm	
Northwest Pipeline C	orporation	Is gas actually connected? When	n
If well produces oil or liquids,	Unit Sec. Twp. Fige.	1	
give location of tanks.		No	
The production is commingled w	ith that from any other lease or pool,	give commingling order number:	
COMPLETION DATA		New Well Workover Deepen	Plug Back Same Resty. Diff. Resty
	OII Well	110.0	
Designate Type of Completi		X	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	8707
7-10-73	8-13-73	8707	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	
7048 GR	Dakota	8510	8500 Depth Casing Shoe
Perforations			Dept. Gabang and
8510-8662, 2 SPF			
0010	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
121/4"	9-5/8"	2981	295 Sacks
8-3/4"	7''	6529'	330 Sacks
6-3/4	4-1/2"	Top 6397'-Bottom 8707'	250 Sacks
04	2-3/8"	8500'	
		fter recovery of total volume of load oil	and must be equal to or exceed top allo
V. TEST DATA AND REQUEST	able for this de	pth or be jor juil 24 nours)	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	fi, etc.)
Date First New Oil Run 10 Idags			
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	. about		
	Oil-Bbls.	Water-Bbls.	Gas-MCF
Actual Prod. During Test	011-22.2.		La July
			5/
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D			
769	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	1		3/4"
Back Pressure	2567		ATION COMMISSION
VI. CERTIFICATE OF COMPLIA	INCE	OIL CONSERVA	
		40000150	mary C. Arnold 1974
e to the consider that the cules as	nd regulations of the Oil Conservation	APPROVED Signal Ly	hasry C. Arnold
Commission have been complied	d with and that the information given	By Original Digitor as	
above is true and complete to	the best of my knowledge and belief.		SUPERVISOR DIST. #3
		TITLE	
· -	1	This form is to be filed in	compliance with RULE 1104.
ue (Damon)		1)	for a newly drilled of Geeps
		If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation that taken on the well in accordance with RULE 111.	
	ignature)	I the second on the Well ID acco	Oldence with the -
District Superi	· · · · · · · · · · · · · · · · · · ·	Illustration and recompleted V	nust be filled out completely for all wells.
	(Title)	- 11	II. III. and VI for changes of owner, or other such change of conditions
February 13, 19			

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 completed wells.