NO. OF COPIES RECEIVED		5	
SÁNTA FE		/	
FILE		\coprod	_
U.\$.G.\$.			
LAND OFFICE			<u> </u>
	OIL	1/_	
TRANSPORTER	GAS	1	<u> </u>
OPERATOR		1	<u> </u>
PRORATION OF	ICE	<u> </u>	<u> </u>
Operator			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

SANTA FE			OR ALLOWABLE	Effective 1-1-65
FILE	44	AUTHORIZATION TO TRAN	AND Sport oil and natural	L GAS
U.S.G.S.		AUTHORIZATION TO TRANS	SPURT OIL AND NATURA	L One
LAND OFFICE	_			
TRANSPORTER OIL				
GAS				
OPERATOR				
PRORATION OFFICE				
Operator	_			
Aztec Oil & Gas	Compan	У		
Address		Way Marica 8740	1 1	
P. O. Drawer 57	0, Farm	ington, New Mexico 8740	Other (Please explain)	
Reason(s) for filing (Check pr	oper box)			
New Well		Change in Transporter of: Ott Dry Gas		
Recompletion		· · · · · · · · · · · · · · · · · · ·		·
Change in Ownership		Casinghead Gas Condens		
11				
f change of ownership give and address of previous ow	name ner			
DESCRIPTION OF WEL	L AND L	Well No. Pool Name, Including For	mation Kind of I	
Lease Name		Blance Moco	verde State, Fo	oderal or Fee SF-07813
Pierce		#1-A Blanco Mesa		
Location		a .1	1455 5-45	rom The East
Unit Letter / 0	102	O Feet From The South Line	and 1455 Feet F	rom the
Olite Patron	·		West , NMPM,	San Juan County
Line of Section 30	Town	ship 31 North Range 10	HCOC , Ham int	
		OF AND NAMED AT CAS	2	
DESIGNATION OF TRA	NSPORT	er of oil and natural gas	Address (Give address to which	approved copy of this form is to be sent)
Name of Authorized Transpo	rter of Oil		n o n === 100 Earm	ington New Mexico 87401
Plateau, Inc.		inchest Gas or Dry Gas X	Address (Give address to which	approved copy of this form to to to the
Name of Authorized Transpo	rter of Casi	inghead Gas Good Or Day Gas Di	Fidelity Union Towe	r, Dallas, Texas 75201
Southern Union	Gather		Is gas actually connected?	When
If well produces oil or liquid	ls,	Unit Sec. Twp. Fige.	No	
l of tanks.				P*
If this production is comm	ingled wit	h that from any other lease or pool,	give comminging order number	·
COMPLETION DATA		Oil Well Gas Well	New Well Workover Deep	en Plug Back Same Restv. Diff. Res
Designate Type of (Completio		X	
Designate Type of		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded			5150'	5110'
8-26-75		9-9-75	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT,	GR, etc.j	Name of Producing Formation	4352'	4858'
			SDE	Depth Casing Shoe
Perforations 4352-78,	4384-9	2, 4408-20, 4426-42, 2 S	SDE	5110'
4910-20,	<u>4924-3</u>		D CEMENTING RECORD	
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE			3	02' 270 Sacks
13-3/4"		9-5/8"	29	00' 380 Sacks
8-3/4"		7''	Top 2802'-Bottom 51	10' 220 Sacks
6-1/4"		4-1/2"	48	581
		1-1/2"	for a second value of k	oad oil and must be equal to or exceed top a
. TEST DATA AND RE	QUEST F	OR ALLOWABLE (Test must be able for this d	anth of he for this se numer	
OIL WELL	·	Date of Test	Producing Method (Flow, pump	, gas lift, etc.)
Date First New Oil Run To	Tanks	Date of 1991		
			Casing Pressure	Choke St.
Length of Test		Tubing Pressure		
			Water - Bbls.	Gas ·
Actual Prod. During Test		Oil-Bbls.		110
_				/ 83 " Ga
\				
GAS WELL		Length of Test	Bbls. Condensate/MMCF	Gravity
Actual Prod. Test-MCF/	D			The state of the s
7342		Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Sixe
Testing Method (pitot, ba	ck pr.)	i e	834	3/4"
Back Pressur	e	834	OIL CONS	SERVATION COMMISSION
I. CERTIFICATE OF C		NCE	li	SEP 4 3 19/5
			APPROVED	, 19
hereby certify that the	rules and	regulations of the Oil Conservation with and that the information give	n Cione	ed by A. R. Kendrick
Commission have been	complied	with and that the information give he best of my knowledge and belief	E BY Original Signs	ntem 40
above is true and com	brace to t	410 0001 00 mg		visor dist. 👪
я :				
- /	/	,	This form is to be	filed in compliance with RULE 1104.
(). 1-	Du.	mor	If this is a request	for allowable for a newly drilled of
Me	GU4.	engture)	well, this form must be	to accordance with RULE 111.
District Su	narinta	ndent	this are a second of this	town must be iffied out combiners.
Unstrict Su	Permire	Title)	able on new and recomp	pleted wells.
-			Fill out only Secti	ions I. II. III., and VI for changes of transporten or other such change of con
September 2	Z, 1975	(Date)	well name or number, or	transported or other sech pool in m
•		(w.m.)	Reparate Forms C	Ind mast he street to com bear him
•		(Date)	Separate Forms Completed wells.	104 must be filed for each pool in m