NO. OF COPIES RECEIVED	15	3			
DISTRIBUTION					
SANTA FE					
FILE					
u.s.g.s.					
LAND OFFICE					
IRANSPORTER OIL	1				
GAS	1				
OPERATOR	1				
PRORATION OFFICE					
Operator					
Aztec Oil & Ga	s C	ompa			
Address					
P.O. Drawer 570, Far					

	SANYA FE /	Į.	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110			
	FILE 1 -		AND	Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (GAS			
	LAND OFFICE	4					
	TRANSPORTER OIL /	_					
	OPERATOR /						
_	PROPATION OFFICE	-					
1.	Operator						
	Aztec Oil & Gas Comp	Aztec Oil & Gas Company					
	Address						
	P.O. Drawer 570, Farmington, New Mexico 87401						
	Reason(s) for filing (Check proper box)	Other (Please explain)				
	New We!1	Change in Transporter of:					
	Recompletion	OII Dry Go	Fig. 1				
	Change in Ownership	Casinghead Gas Conde	nsate				
	If change of ownership give name						
	and address of previous owner						
II DECORPTION OF WELL AND LEAGE							
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease			e Lease No.				
	Johns	#1-A Blanco Picture	ed Cliffs State, Federa	rl cr Fee Fee			
	Location						
	Unit Letter 'D , 810	Feet From The North Lir	ne and 1130 Feet From	The West			
	Line of Section 19 Tox	wnship 32N Range	11W , _{NMPM} , San J	uan County			
			_				
III.	DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil		Address (Give address to which appro	and convert his form is to be sent)			
	Rame of Authorized Transporter of On	or condensate	Address force against to which appro	ved copy of this form is to be sent)			
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas X	Address (Give address to which appro	ved copy of this form is to be sent)			
	El Paso Natural Gas			on, New Mexico			
		Unit Sec. Twp. Rge.	Is gas actually connected? Wh				
	If well produces oil or liquids, give location of tanks.		No				
	Ve at the second	th that from any other lease or pool,	give commingling order number				
IV.	COMPLETION DATA	th that from any other lease or pool,	give comminging order number:				
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completion	on - (X)	X				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	1-29-77	2-13-77	5774'	5704'			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	6534 GR	Pictured Cliffs	3135'	3162 Depth Casing Shoe			
	See Form C-105 (NMOC	CC)		5773'			
			D CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	13-3/4"	9-5/8"	216.60'	1 ⁹ 0 sxs			
	8-3/4"	7''	3419.13'	170 sxs			
	6-1/4"	4-1/2"	3284' - 5773'	245 sxs			
		1-1/2"	3162'				
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-						
	OII. WELL. able for this depth or be for full 24 hours)						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas ii	ijt, etc.)			
	Length of Test Tubing Pressure Casing Pressure		Casina Pressure	Choke Size			
	Length of Test	I dbing Plessure	Cashiy Fressure				
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF			
	Actual 1 year Barning 1 ees			· · · · · · · · · · · · · · · · · · ·			
	1						
	GAS WELL			Water Committee			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	2556 MCF/D	3 hours					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Back pressure	896 psig	896 psig	3/4"			
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION			
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED, 19				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		By Original Signed by A. R. Kendrick				
above is true and complete to the book of my microscope and books							
	This form is to be filed in compliance with RULE to this is a request for allowable for a newly drilled		TITLE SUPERIOR This form is to be filed in compliance with RULE 1104.				
_			wable for a newly drilled or despense				
	(Sign	astre)	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 allow-				
	District Production	n Manager					
(Title) able on new and recon			able on new and recompleted w	olis.			
	April 6, 1977 (Date)		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.				