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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator Aztec Oil & Gas Company	
Address P. O. Drawer 570, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name Richardson	Well No. #2-A	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee	Lease No. SF-077651
Location Unit Letter <u>K</u> ; <u>1450</u> Feet From The <u>South</u> Line and <u>1550</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>31 North</u> Range <u>12 West</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 108, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering	Address (Give address to which approved copy of this form is to be sent) Fidelity Union Tower, Dallas, Texas 75201	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? <input type="checkbox"/> When	
	No	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 10-2-75	Date Compl. Ready to Prod. 12-9-75	Total Depth 5145'	P.B.T.D. 5054'					
Elevations (DF, RKB, RT, GR, etc.) 6204 GR	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 4980'	Tubing Depth 5002'					
Perforations 4980-5008, 5030-5054, 2 Shots Per Foot			Depth Casing Shoe 5141'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13-3/4"	9-5/8"	337'	300 Sacks					
8-3/4"	7"	4575'	1st 220 Sxs-2nd 457 Sxs					
6-1/4"	4-1/2"	Top 4466'-Bottom 5141'	100 Sacks					
	1-1/2"	5002'						

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D 9180	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 721	Casing Pressure (shut-in) 721	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE

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.

Jac C. Salmon  
(Signature)

District Superintendent

(Title)

December 23, 1975

(Date)

OIL CONSERVATION COMMISSION

DEC 29 1975

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. #3

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 transporter, or other such change of condition.

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