NO. OF CCPIES REC	5		
DISTRIBUTIO			
SANTA FE		1	
FILE		1	0
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	7	
	GAS		
OPERATOR		1	
PRORATION OF			

10

	SANTA FE /	REQUEST FOR ALLOWABLE AND			Form C-104 Supersedes O Effective 1-1-	Supersedes Old C-104 and C-1.	
	U.S.G.S.	AUTHORIZATION TO TRA		-03			
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPURT OIL AND	NATURAL	GAS		
	TRANSPORTER OIL /						
	GAS /	_					
	OPERATOR /	_					
1.	PRORATION OFFICE Operator	<u> </u>					
	Aztec Oil and Gas						
	Drawer 570, Farmington	n, New Mexico					
	Reason(s) for filing (Check proper box		Other (Pleas	se explain)			
	New Well	Change in Transporter of:					
	Recompletion Change in Ownership	Oil Dry Go Casinghead Gas Conde					
	onange in Ownership	Cashigheda das Conde	madie	····			
	If change of ownership give name and address of previous owner						
	and address of previous owner						
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	Cormotion	Kind of Lea	50		
	_	13 Basin Dakote		State, Feder	-1 5	Lease No.	
	Culpepper Martin	12 Bestu berno	<u> </u>	J	rdi or Fee Fee	_1	
	Unit Letter N ; 170	60 Feet From The West Lir	ne and 990	FeetFrom	The South		
	Line of Section 29 To	wnship 32N Range	12W , NMP	M, Sez	n Juan	County	
111	DESIGNATION OF TRANSPOR	TED OF OH AND NATURAL CA	46				
111.	Name of Authorized Transporter of Ot	TER OF OIL AND NATURAL GA		to which appr	oved copy of this form is	to be sent)	
	New Mexico Tankers	to Phalian	Box 2151, Fe	rmington.	New Mexico		
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas 🛣	Address (Give address	to which appr	oved copy of this form is	to be sent)	
	Southern Union Gath		Box 398, Blo			 .	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connec	ted? w	hen		
			<u> </u>	•			
IV.	COMPLETION DATA	ith that from any other lease or pool,	give comminging order	er number:			
	Designate Type of Completi	Ofl Well Gas Well	New Well Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'v.	
	· · · · · · · · · · · · · · · · · · ·	A	 	<u> </u>		<u></u>	
	7/21/66	Date Compl. Ready to Prod. 8/12/66	Total Depth		P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	7025 Top Oil/Gas Pay		7010 Tubing Depth		
	5893 GR	Dakota 6830			6800		
	Perforations:				Depth Casing Shoe	Depth Casing Shoe	
	6830-35, 6905-19						
		TUBING, CASING, ANI	T		CA CKS OF		
	HOLE SIZE	CASING & TUBING SIZE	7025			SACKS CEMENT 250	
		1.	6800				
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total vol epth or be for full 24 how	ume of load oi	l and must be equal to	except top allow	
	OIL WELL. Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo			V+N\	
					/ ULUL	IAPD /	
	Length of Test	Tubing Pressure	Casing Pressure		Chok Size OCT 31	1966	
		Oil-Bbls.	Water - Bbls.		1	1	
	Actual Prod. During Test	OII-BBIS.	water - Bbis.		\OIL CO		
					DIS	т. 3	
	GAS WELIL						
	Actual Proc. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	CF	Gravity of Condensate	•	
	1468	Tubing Pressure (Shut-in)	C-4- D	<u></u>	Choke Size		
	Testing Method (pitot, back pr.)	1	Casing Pressure (Shu	c-1n)	Choke Size		
VI	CERTIFICATE OF COMPLIAN	1657 CF	OIL	CONSERV	ATION COMMISSIC	NI	
V 1.	CERTIFICATE OF COMPLIAN	CE				/1 \	
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED OCT 31 1966, 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 Emery C. Arnold				
	above is the and complete to the	· · · ·					
		TITLE SUPERVISOR DIST. #3					
	ORIGINAL SIGNED BY JOE C. SALMON		This form is to be filed in compliance with RULE 1104.				
		ature)	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.				
	<u>District Sum</u>	itle)					
	Oct. 27.	Fill out only	Sections I.	II. III. and VI for cha	nges of owner,		
		ate)	well name or numb	er, or transpo	rten or other such chan	ge of condition.	

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.