NO. OF CCPIES RECE	5		
DISTRIBUTIO			
SANTA FE			
FILE	1	~	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
TRANSFORTER	GAS	1	
OPERATOR			
PRORATION OF			

October 27, 1966 (Date)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

	FILE 1 V	1	112402	AND	LOWADEL		Effe	ctive 1-1-65		
	U.S.G.S.	_ AUTI	HORIZATION TO 1	TRANSPOR	T OIL AND N	ATURAL (	GAS			
	LAND OFFICE	-								
	TRANSPORTER   OIL /   GAS /	-								
	OPERATOR 7	1								
I.	PRORATION OFFICE	<u> </u>							,	
	Operator	Coo								
	Aztec Oil and Gas									
	Address Drawer 570, Farmington, New Mexico									
	Reason(s) for filing (Check proper box)				Other (Please	explain)		<del></del>		
	New Well Change in Transporter of:									
	Recompletion X	Oil	=	y Gas						
	Change in Ownership	Casing	head Gas Co	ondensate	<u> </u>				j	
	If change of ownership give name									
	and address of previous owner									
II.	DESCRIPTION OF WELL AND	LEASE								
	Lease Name		o. Pool Name, Includir	_		Cind of Leas State, Feder			Lease No.	
	Culpepper Mar	tin 13	Blanco M	esaveree	<u>'</u>	State, 1 eder		Fee		
	W 17	60	From The West	Line and	990	Feet From	The Sout	th		
	Unit Letter;;	Feet F	rom The	_Line and		_ reet rrom	The			
	Line of Section 29 To	wnship	32N Range	124	, NMPM,	Sen	Juan		County	
		· · · · · · · · · · · · · · · · · · ·								
III.	DESIGNATION OF TRANSPOR	TER OF OI	L AND NATURAL Condensate	Address	s (Give address to	which appro	ved copy of th	is form is to	he sent)	
	New Mexico Ta		2 DIF		Box 2151,					
	'Name of Authorized Transporter of Ca		or Dry Gas	Address	s (Give address to	which appro	ved copy of th	is form is to	be sent)	
	Southern Unio	n Gather:	ing		Box 398, 1	loomfie	ld, New 1	Mexico		
	If well produces oil or liquids,	Unit	ec. Twp. Rge.	. Is gas	actually connected	l? WI	ien			
	give location of tanks.	1 1								
	If this production is commingled w	ith that from	any other lease or pe	ool, give con	nmingling order	number:		<del></del>		
IV.	COMPLETION DATA		Oil Well   Gas We	ll New We	ll Workover	Deepen	Plug Back	Same Res'v	. Diff. Restv.	
	Designate Type of Completi	on - (X)	x	!	•	X	<u> </u>		 	
	Date Spudded	Date Compl	. Ready to Prod.	Total D			P.B.T.D.	7010		
	7/21/66	Name of Dr	8/12/66	Top Of	7025		Tubing Dep	7010		
	Elevations (DF, RKB, RT, GR, etc.)  5893 GR  Name of Producing Formation  Mesaverde			1000.	4593			6800		
	Perforations						Depth Casing Shoe			
	4593-4622, 4640-44, 4664-68, 4692-4700, 4729-						7025			
					D CEMENTING RECORD			SACKS CEMENT		
	HOLE SIZE	CASI	NG & TUBING SIZE		7025			250 gx		
		<del> </del>	14		6800		20 20			
									· · · · · · · · · · · · · · · · · · ·	
V.	TEST DATA AND REQUEST F	OR ALLOV	VABLE (Test must	be after recou	very of total volum	e of load oi	and must be	THE	ed top allow-	
	OIL 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 lift, etc.)							<del>\</del>		
	Date First New Oil Run To Tunks						/ KI	TOTAL P	ע.	
	Length of Test	Tubing Pressure		Casing	Pressure		Chake Size	OCT31 1966		
	Actual Pred. During Test	Oil-Bbls.		Water -	Bbls.		Gad-Wolf	CON.	COM.	
							+	DIST. 3		
	GAS WELL									
	Actual Prod. Test-MCF/D	Length of Test			Bbls. Condensate/MMCF		Gravity of Condensate			
	3551		3 hr		Casing Pressure (Shut-in)		Choke Size			
	Testing Method (pitot, back pr.)	Tubing Pre	saure (Shut-in)	Casing	•	inj	Choke Size	3/4*		
	back: pressure				880					
VI.	CERTIFICATE OF COMPLIANCE  [ 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.			OIL C		ATION COL				
			tion APP	APPROVED 0CT 3 1 1966 19						
			ven	Original Signed by Emery C. Arnold						
			ret. BA-	· · · · · · · · · · · · · · · · · · ·						
					SUPERVISOR DIST. E					
	OBIOTAL AT A				This form is to	be filed in	compliance	with RULE	1104.	
	CRIGINAL SIGNED B	Y JOE C. SA	LMON	Ш	If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation					
	(Sig	nature)		well,	, this form must , taken on the v	be accomp ell in acc	anied by a te ordance with	RULE 111.	tve dealstron	
	Bistrict Sup	All sections of	this form m	ust be filled	out complete	ely for allow-				
	(Title)			able	on new and rec	ompleted v	veli#.			

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.