

NEW MEXICO OIL CONSERVATION COMMISSION

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	5
PRODUCTION OFFICE	

Operator _____

Address
P. O. Drawer 570, Farmington, New Mexico 87401

Reason(s) for change (check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership

If change give name and address of previous owner Aztec Oil & Gas Company, P. O. Drawer 570, Farmington, New Mexico 87401

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Fee	Lease No.
Decker	1	Blanco Mesaverde	State, Federal or Fee	Fee	

Location
 Unit Letter L 1650 Feet From The South Line and 990 Feet From The West
 Line of Section 14 Township 32N Range 12W , N.M.F.M., San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
 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 or Dry Gas
 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 separator Unit Sec. Twp. Rge. Is gas actually connected? When

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 Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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, etc.) _____

Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____

Absol. Prod. During Test _____ Oil-Bbls. _____ Water-Bbls. _____ Gds-MCF _____

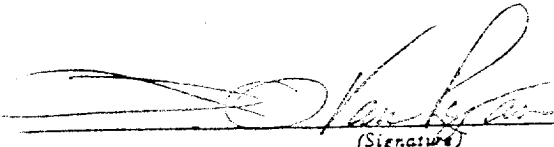
GAS WELL

Absol. Prod. Test-MCF/D _____ Length of Test _____ Bbls. Condensate/MCF _____ Gravity of Condensate _____

Testing Method (pilot, back pr.) _____ Tubing Pressure (shut-in) _____ Casing Pressure (shut-in) _____ Choke Size _____

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.


 District _____
 _____ (Title)
 1-1-73 (Date)

OIL CONSERVATION COMMISSION
 APPROVED JAN 12 1970, 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