·					
NO. OF COPIES RECE	5				
DISTRIBUTION					
SANTA FE		1			
FILE		1	L		
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL	1			
TRANSFORTER	GAS	1			
OPERATOR		1			
PRORATION OFFICE			<u> </u>		
Operator					

Oct. 27, 1966

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE /	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE / L		AND			
ŀ	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS		
ļ	LAND OFFICE					
	TRANSPORTER GAS /					
Ì	OPERATOR /		,			
I.	PRORATION OFFICE					
	Operator Aztec Oil and Gas					
	Address					
	Drawer 570, Farmingto	on, New Mexico				
	Reason(s) for filing (Check proper box)		Other (Please explain)	i		
	New Well	Change in Transporter of:		i		
	Recompletion	Oil Dry Gas Casinghead Gas Condens	7			
	Change in Ownership	Custinghead Gus Consolin				
	If change of ownership give name					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.		
	Lease Name	la Basin Dakota		77-		
	Culpepper Martin	4 Destriction				
	οο	O Feet From The South Line	e and Feet From T	he West		
	Unit Letter;;;		12 NIMPM San	Nien		
	Line of Section 28 Tow	vnship 32 Range	12 , NMPM, San	County		
		DED OF OUR AND MATTERAL CA	e			
III.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)		
	New Mexico Tankers t			rmington, New Mexico		
	'Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which approv	red copy of this form is to be sent)		
	Southern Union Gathe	ring		omfield, New Mexico		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	'n		
	give location of tanks.	<u> </u>				
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completion	i	X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 7140	P.B.T.D. 7110		
	8/17/66	9/11/66 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Dakota.	6960	6850		
	5999 DF Perforations			Depth Casing Shoe		
	6960-64, 6968-70, 6	6060-64, 6968-70, 6974-76, 7039-56				
		TUBING, CASING, AND	D CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET 7140	275		
	7"	13.	6850			
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to at exceed top allow-		
•	OIL WELL	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.		
	Date First New Oil Run To Tanks Date of Test					
•	Length of Test	Tubing Pressure	Casing Pressure	Cloke Size		
				OCT31 1966		
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	\ OIL CON. COM.		
		<u> </u>		DIST. 3		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	2022	3 hr				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	back pressure	1809				
VI. CERTIFICATE OF COMPLIANCE			11	OIL CONSERVATION COMMISSION		
	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. ORIGINAL SIGNED BY JOE C. SALMON		NOV - 3 1966			
			Girinal Signed by Emery C. Arriold			
			BY Original Signed			
			TITLE SUPERV	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 by a tabulation of the deviation			
	, -	nature)	well, this form must be accompanied tests taken on the well in acco	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	District Sumerintendent			ust be filled out completely for allow-		
	(T	itle)	able on new and recompleted wells.			

All sections of this form must be able 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.