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| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

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 | |
| Reasons 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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|-----------------|---|--|-----------|
| Lease Name Culpepper Martin | Well No. 5-A | Pool Name, including Formation Blanco Mesa Verde | Kind of Lease State, Federal or Fee SF-078312 | Lease No. |
| Location | | | | |
| Unit Letter F ; 1650 Feet From The North Line and 1610 Feet From The West | | | | |
| Line of Section 22 Township T32N Range 12W , NMPM, San Juan County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Plateau, Inc. | P. O. Box 108, Farmington, New Mexico |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Southern Union Gathering | P. O. Box 1899, Bloomfield, New Mexico |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| | no |

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

IV. COMPLETION DATA

| | | | | | | | | |
|--|---|--------------------------|----------------------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res't. | Diff. Res't. |
| | | X | X | | | | | |
| Date Spudded 4-17-77 | Date Compl. Ready to Prod. 5-26-77 | Total Depth 5132' | P.B.T.D. 5114' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6113' GR | Name of Producing Formation Mesa Verde | Top Oil/Gas Pay 4740' | Tubing Depth 5048' | | | | | |
| Perforations 4740' - 5072' Point Lookout | | | Depth Casing Shoe 5130' | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 13-3/4" | 9-5/8" | 219' | 190 SXS | | | | | |
| 8-3/4" | 7" | 2802' | 178 SXS | | | | | |
| 6-1/4" | 4-1/2" | 2659'-5130' | 313 SXS | | | | | |
| | 2-3/8" | 5048' | | | | | | |

V. 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)

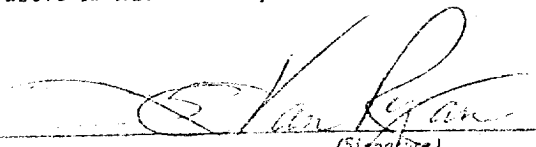
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls.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

GAS WELL

| | | | |
|---|---------------------------------------|---------------------------------------|-----------------------|
| Actual Prod. Test-MCF/D 15,567 | Length of Test 3 hrs | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) Back Pressure | Tubing Pressure (shut-in) 779 psig | Casing Pressure (shut-in) 923 psig | 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.


(Signature)
District Production Manager
(Title)
June 14, 1977
(Date)

| | |
|---------------------------------------|----|
| OIL CONSERVATION COMMISSION | |
| APPROVED | 19 |
| ORIGINAL SIGNED BY H. E. MAXWELL, JR. | |
| BY | |
| TITLE | |

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.