			/	
NO. OF COPIES RECEIVED	5-1			
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104			
SANTA FE	REQUEST	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11 Effective 1-1-65		
FILE /	ALITHODIZATION TO TO	AND		
LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL G	AS	
OIL				
TRANSPORTER GAS				
OPERATOR				
I. PRORATION OFFICE				
Aztec Oil & Gas Com	meny			
Drawer 570, Farming	ton, New Mexico			
Reason(s) for filing (Check proper)	Change in Transporter of:	Other (Please explain)		
Recompletion X	Oil Dry G	Gas		
Thange in Ownership	· ·	ensate		
If change of ownership give name	e			
and address of previous owner	ID A FLACE			
I. DESCRIPTION OF WELL AN Lease Name		ame, Including Formation	Kind of Lease	
liart Location	1 fulch	er Kutz, Pictured Cliffs	State, Federal or Fee Fee	
	.620 Feet From The S Li	ine and Feet From T	he <u> </u>	
Line of Section 11 ,	Township 29N Range	12W , NMPM, San Jua	n County	
Name of Authorized Transporter of Southern Union Gas If well produces oil or liquids,	<u> </u>	Address (Give address to which approv	5	
give location of tanks.		Yes	8/25/65	
V. COMPLETION DATA	with that from any other lease or pool			
Designate Type of Comple	etion $-(X)$ Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
8-10-65	8-15-65	1095	1025	
Lool	Name of Producing Formation	Top Oil/Gas Pay	1925 Tubing Depth	
Fulcher Kutz	Pictured Cliffs	1696	1704 Depth Casing Shoe	
! erforations		•		
1696-1706, 1716-172	8, 2 shots per foot - W	shots.	1924	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
4-3/8"	Casing 31" Wt. 6.9			
	Tubing 1" Wt. 1.7	1704	250	
	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of load oil a lepth or be for full 24 hours)	nd must be equal to or exceed top allow-	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)	
			COLII ME	
Length of Test	Tubing Pressure	Casing Pressure	Charles 1 e	
			KLULITE	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	AUG 3 0 1965	
CIACINETY			CON. COM	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravit Dol Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
Back Pressure	98	55	2/)ı	
I. 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.		OIL CONSERVATION COMMISSION :		
		11		
		APPROVED AUG 3 0 1965 , 19		
		Original Signed Emery C. Arnold		
		Supervisor Dim. # 3		
		TITLE Supervisor Dim. # 3		

TITLE _

Carl E. Jameson

Original Signed By

(Signature)

District Engineer

August 27, 1965

Carl E. Jameson

All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

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.

This form is to be filed in compliance with RULE 1104.

Separate Forms C-104 must be filed for each pool in multiply completed wells.