

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
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

I. Operator
AZTEC OIL AND GAS COMPANY
Address
P. O. BOX 837 HOBBS, NEW MEXICO 88240

Reason(s) for filing (Check proper box) Other (Please explain)

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

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE DS	Well No. 3	Pool Name, Including Formation UNDESIGNATED	Kind of Lease State, Federal or Fee STATE	Lease No. L 200
Location Spencer-San Andres R-3877				
Unit Letter J	1980	Feet From The SOUTH Line and	1980	Feet From The EAST
Line of Section 24	Township 17S	Range 36E	NMPM, LEA	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119 Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1650, Tulsa, Oklahoma			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 24	Twp. 17S	Rge. 36E
	Is gas actually connected? Yes		When 10-20-69	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-11-69	Date Compl. Ready to Prod. 10-15-69		Total Depth 5061	P.B.T.D. 4971				
Elevations (DF, RKB, RT, GR, etc.) 3811 DF	Name of Producing Formation San Andres		Top Oil/Gas Pay 4925	Tubing Depth 4890				
Perforations 4925 - 4966						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		321		225			
7 7/8	5 1/2		5050		325			

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 10-20-69	Date of Test 10-20-69	Producing Method (Flow, pump, gas lift, etc.) Pumping		
Length of Test 24 Hrs.	Tubing Pressure 20	Casing Pressure 150	Choke Size Open	
Actual Prod. During Test 86	Oil-Bbls. 78	Water-Bbls. 8	Gas-MCF TSTM	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

DAVID A. DONALDSON
(Signature)
DISTRICT GEOLOGIST
(Title)
10-17-69
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
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.