

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

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

3.E.

AZTEC ENERGY CORPORATION

Address

P.O. Box 2637, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|---|----------------------|
| Lease Name Dever | Well No. 1 | Pool Name, Including Formation Lybrook Gallup Ext. | Kind of Lease State, Federal or Fee Federal | Lease No. NM28735 |
| Location | | | | |
| Unit Letter A ; 960 Feet From The N Line and 800 Feet From The E | | | | |
| Line of Section 8 Township 23N Range 6W , NMPM, Rio Arriba County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|---|------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1181, Houston, Texas 77001 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None | Address (Give address to which approved copy of this form is to be sent) | |
| If well produces oil or liquids, give location of tanks. | Unit A | Sec. 8 |
| | Twp. 23N | Rge. 6W |
| | Is gas actually connected? NO | |
| | When | |

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 10/15/81 | Date Compl. Ready to Prod. 11/12/81 | | Total Depth 5663 | | P.B.T.D. 5612 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6780 GR | Name of Producing Formation Gallup | | Top Oil/Gas Pay 5280 | | Tubing Depth | | | |
| Perforations 5280-5490 | | | | | Depth Casing Shoe 5655 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4" | 8 5/8" | | 273 | | 235 | | | |
| 7 7/8" | 5 1/2" | | 5655 | | 600 | | | |
| | 2 3/8" | | | | none | | | |

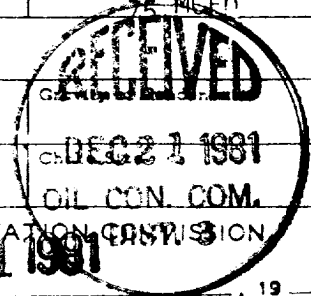
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 11/13/81 | Date of Test 11/20/81 | Producing Method (Flow, pump, gas lift, etc.) Swab | |
| Length of Test 8 | Tubing Pressure 0 | Casing Pressure 435 | Choke Size open |
| Actual Prod. During Test 35 bo & 38 b.w. | Oil-Bbls. 105 | Water-Bbls. 114 | Gas-MCF 75 MCF |

GAS WELL

| | | |
|----------------------------------|---------------------------|---------------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) |



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.

John Alexander
Agent

12/10/81

OIL CONSERVATION COMMISSION
APPROVED
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT 1
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.