

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

COPY

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
AZTEC ENERGY CORPORATION	
Address	
POST OFFICE BOX 2637, FARMINGTON, NEW MEXICO 87401	
Reason(s) for filing (Check proper box)	
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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
LU-LU	#1	LYBROOK GALLUP EXTENSION	State, Federal or Fee FEDERAL	NM 28741
Location				
Unit Letter D	790	Feet From The NORTH	Line and 950	Feet From The WEST
Line of Section 29	Township 23 NORTH	Range 6 WEST	NMPM, SANDOVAL	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
THE PERMIAN CORPORATION	POST OFFICE BOX 1181, HOUSTON, TEXAS 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
NONE						
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'tv.	Diff. Res'tv.
		X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
11-1-81	2-26-82	5735'		5693'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
7090' RKB	GALLUP	5355'		5289'					
Perforations		5572' 1 - SPF		Depth Casing Shoe					
5355, 5359, 5361, 5363, 5377, 5492, 5494, 5496, 5534, 5538, 5546, 5556, 5561, 5565,		5730'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4		8 5/8		260'		250 sacks			
7 7/8		4 1/2		5730'					
		5730'		First stage		250 sacks			
		4611'		Second stage		750 sacks			

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.)	
1-20-82	2-26-82	Swab and Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
9 hrs.		500 psi	None
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	58.8	1.2 Frac H ₂ O	49 MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Wayne Townsend (Signature)
Vice President of Operations
(Title)

March 10, 1982
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 22 1982, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE MANAGER DISTRICT # 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 well, this form must be accompanied by a tabulation of the deviated 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 multiple completed wells.