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FILE				_
U.S.G.S.				
LAND OFFICE		<u> </u>		
IRANSPORTER	OIL	<u> </u>		
IRANSPURIER	GAS	1/	p	Z
OPERATOR	12			
PRORATION OFFICE				_
)perator				

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

FILE /	1-1		AND				
U.S.G.S.	AUTH	ORIZATION TO TRAI	NSPORT OIL AND NA	ITURAL GA	'S	•	
LAND OFFICE	+						
TRANSPORTER GAS /	- An						
OPERATOR 2							
PRORATION OFFICE							
Aztec Oil & Gas	Company						
ddress	Company						
P. O. Drawer 57), Farmington	1, New Mexico 87	7401				
Reason(s) for filing (Check prop	er box)		Other (Please e	xplain)	_		
iew Vie!I	Change : Oil	in Transporter of: Dry Gas	\mathbf{x}		•		
Thange in Ownership	Casingh	一 一					
change of ownership give n	ame Aztec Oil	I & Gas Company.	P. O. Drawer 57	0, Farmin	igton, New	Mexico	87401
ad address of previous owne							
ESCRIPTION OF WELL	AND LEASE	. Pool Name, Including Fo	ormation	(ind of Lease	Jicar	illal L	ease No.
Arizona Jicari	<u> </u>	South Blanco I	Pictured Cliffs	itate, Federal (act #124	4
_ocation	224				_		
Unit Letter A :_	990 Feet Fi	rom The North Line	e and	Feet From Th	e East		
	25		4 West . NMPM.		Rio A	rriba	County
Line of Section 24	Township	North Range	4 11630 11				
ESIGNATION OF TRANS	PORTER OF OIL	L AND NATURAL GA	<u>s</u>				
Name of Authorized Transporter	cf O:l or	Condensate	Address (Give address to	which approve	d copy of this for	m is to be s	en!)
	(0)	or Dry Gas 🔏	Address (Give address to	which approve	ed copy of this for	m is to be s	ent)
Name of Authorized Transporter				_			
Gas-Company o	f-New-Mexico	ec. Twp. Rge.	First Internati	? When	 		/52/U-
if well produces oil or liquids, give location of tanks.	1						
this production is comming	ed with that from	any other lease or pool,	give commingling order	number:			·-·
COMPLETION DATA		Oil Well Gas Well	New Well Workover	Deeper.	Plug Back San	ne Res'v. D	iff. Restv.
Designate Type of Con	pletion - (X)		; !		i		
Octe Spudded		Ready to Prod.	Total Depth		P.B.T.D.		
			5 01 (Can First		Tubing Depth		
Elevations (DF, RKB, RT, GR,	etc., Name of Pro	oducing Formation	Top Oil/Gas Pay		, asing pepin		
					Depth Casing Sh	00	
Perforations							
		TUBING, CASING, AND					
HOLE SIZE	CASIN	NG & TUBING SIZE	DEPTH SE	<u>T</u>	SACK	S CEMENT	
				<u> </u>			
					i		
TEST DATA AND REQUE	ST FOR ALLOW	ABLE (Test must be a	fier recovery of total voluments or be for full 24 hours,	se of load oil a	ind must be equal	to or exceed	d sop allow-
OIL WELL			Producing Method (Flow	pump, gas life	i, etc.)		
Date First New Oil Run To Ta	Date of 182	•					
Length of Test	Tubing Pres	sawa	Casing Pressure		Choke Size		
			Water-Bbls.		Gas-MCF		
Actual Prod. During Test	Oil-Bhls.		water- pore.				
			!		J	· · · · · · · · · · · · · · · · · · ·	
GAS WELL					·		
Actual Prod. Test-MCF/D	Length of T	65:	Bbls. Condensate/MMCF	.	Gravity of Cond	einene	. 1
			Casing Pressure (Shut-	-101	Choke Size		
Testing Method (pitot, back pr	.) Tubing Pre	sowe (Shut-in)	Cosing Pressure (17774	,	Ciloza Sino		}
			OILO	ONSERVA	TION COMMI	SSION	
CERTIFICATE OF COM	LIANCE		41		`[[:1::]		
hereby pertify that the rule	es and regulations	of the Oil Conservation					
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.			By Original Signed by A. R. Kendrick				
Those is time and complete to the deat of any analysis			BY Original Signed by A. R. Kendrick SUPERVISOR DISC. #4				
		/	11				
Clan Kyan we			realin in a reco	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despensed			
(Signature) w			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
District	Superintende	ent	All sections of	this form mu	tuo beilif ed ter	completely	for allow-
(Tule)			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,				
October 2			Fill out only well name or number	Sections I, II r, or transport	I, III, and VI fo ter, or other auch	or change of	condition.
(Date)			well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply				