NO. OF COPIES RECI	IVED.		
DISTRIBUTION			_2
SANTA FE		1	
FILE			4
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR		3	
PRORATION OFFICE			
Operator	THA	:o n	OYAI

DISTRIBUTION 7	REQUEST FO	NSERVATION COMMISSION OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
FILE /		AND	•	
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	.5	
LAND OFFICE				
TRANSPORTER OIL GAS				
OPERATOR 3				
PRORATION OFFICE				
Operator CO THIT AND DOVE	FTW ON STANKEN			
AKOU CONTINUE	LII OMANI			
Address		01		
P. O. Drawer 570, Fai	mington, New Mexico 874	Other (Please explain)		
Reason(s) for filing (Check proper box)		Office (1 tease explain)	-	
New Well	Change in Transporter of:			
Recompletion	Oil Dry Gas	NAME CHANGE		
Change in Ownership	Casinghead Gas Condens	ate		
If change give name and address of provious owner	Aztec Oil & Gas Company,	P. O. Drawer 570, Farm	ington, New Mexico 8740.	
L DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For	mation Kind of Lease	Lease No.	
Lease Name	#19 Basin Dal	t t	or Fee Federal NM-01772A	
Reid				
Location Unit Letter B; 10	30 Feet From The North Line	and 1470 Feet From Ti	e East	
10	mahin 28 North Range	9 West , NMPM.	San Juan County	
Elife of Section	Alsing			
I. DESIGNATION OF TRANSPORT	or Condensate X	Address (Give address to which approve	ed copy of this form is to be sent)	
Name of Authorized Transporter of Oil	Dr Congensare [V]	P. O. Box 108, Farmingt		
Plateau, Inc.		Address (Give address to which approve	ed copy of this form is to be sent)	
Name of Authorized Transporter of Cas	angusta our vi = v = v = v	Fidelity Union Tower, D		
Southern Union Gathe				
If well produces oil or liquids,	Uni: Sec. Twp. Rge.	Is gas actually connected? When	•	
give location of tanks.	<u> </u>	<u> </u>		
If this production is commingled wi	th that from any other lease or pool, g	rive commingling order number: New Well Workover Deepen	Plug Back Same Resty, Diff, Resty,	
	011	New Well Wolfover Bespen		
Designate Type of Completion			P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.1.D.	
			Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Dept	
		Depth Casing Shoe		
Perforations				
			C .	
	TUBING, CASING, AND		SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		<u> </u>		
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	fer recovery of total volume of load oil	and must be equal to or exceed top allow-	
OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lij		
Date First New Oil Run To Tanks	Date of Test	Producing Method (r.iow, pump, gas ii)	,,	
1			Choke Size	
Length of Test	Tubing Pressure	Casing Pressure	CHOZE STAR	
			Cm-VCF	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF:	
			1,	
		· Section		
GAS WELL		lonca	N. Ouk	
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Testing Method (pitot, back pr.)	Tubing Pressure (Shnt-in)	Casing Pressure (Shut-in)	Choke Size	
, and the same of			<u> </u>	
ALL CONTROL OF COMPANY	CF	OIL CONSERVA	TION COMMISSION	
VI. CERTIFICATE OF COMPLIAN		IAN 1	2 1978	
	and otions of the Oil Consequation	APPROVED JATEL	N 8 Variable 19	
1 hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given Commission have been compiled with and that the information given By		(1) (1) (1) (1) (2) (2) (3) (4) (4) (4) (5) (5)		
THE PERSON OF THE PERSON OF THE PARCET	with and that the information given	ef. BY		
above is true and complete to the	with and that the information given he best of my knowledge and belief.	B T		
above is true and complete to the	with and that the information given the best of my knowledge and belief.			
above is true and complete to the	with and that the information given the best of my knowledge and belief.	TITLE STREET	condinue with mill E 1101	
above is true and complete to the	with and that the information given the best of my knowledge and belief.	TITLE This form is to be filed in	compliance with RULE 1104.	
above is true and complete to the	with and that the information given the best of my knowledge and belief.	TITLE STORY IS to be filed in If this is a request for allow	wable for a newly drilled or despense unled by a tabulation of the deviation	
above is true and complete to the	with and that the information given the best of my knowledge and belief.	TITLE This form is to be filed in If this is a request for allowell, this form must be accompletely taken on the well in accompletely taken on the well in accompletely.	wable for a newly drilled or deepends inied by a tabulation of the deviation rdance with RULE 111.	
above is true and complete to the	he best of my knowledge and belief.	TITLE This form is to be filed in If this is a request for allowell, this form must be accompted taken on the well in accompliance of the sections of this form must be accomplianced.	wable for a newly drilled or deepened inied by a tabulation of the deviation rdance with RULE 111. ist be filled out completely for allow	
District	he best of my knowledge and belief.	TITLE This form is to be filed in If this is a request for allowell, this form must be accompleted to the well in accompleted to the sections of this form must be on new and recompleted to the sections of	wable for a newly drilled or despendented by a tabulation of the deviation rdance with RULE 111. List be filled out completely for allowed the state of the stat	
District	ne best of my knowledge and belief.	TITLE This form is to be filed in If this is a request for allowell, this form must be accomplites taken on the well in accompliated to the sections of this form must be on new and recompleted.	wable for a newly drilled or deepened intending the deviation of the deviation rdance with RULE 111. The part of the completely for allowing the filled out completely for all the filled out completely filled out completely for all the filled out completely filled out comp	

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.