NO. OF COPIES RECEIVED		5	
DISTRIBUTIO	ON		
SANTA FE		/_	
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U,\$.G.S.		<u></u>	
LAND OFFICE			<u> </u>
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE		1	

III.

	DISTRIBUTION SANTA FE / FILE /		ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	s	
	TRANSPORTER OIL / GAS /				
1.	OPERATOR PRORATION OFFICE Operator				
	Bird Oil Equipment of	Oklahoma, Ltd.			
	3101 Knudsen, Farming	ton, NM 87401			
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion Change in Ownership X	Oil V Dry Gas Casinghead Gas Conden	一		
l					
:	If change of ownership give name and address of previous owner	Aztec Oil & Gas Company	, Drawer 570, Farmington	, NM 87401	
Ħ.	DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including Fo	ormation CNA Kind of Lease	Legse No.	
	Southeast Cha Cha Uni		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	r Fee SF-078072	
	Location		1020	Foot	
	Unit Letter J; 38	1 Feet From The North Line	e and 1930 Feet From The	e <u>East</u>	
	Line of Section 7 Tow	waship 28 North Range 1	3 West , NMPM, Sa	an Juan County	
III.	DESIGNATION OF TRANSPORT	rer of oil and natural ga	S Address (Give address to which approved	d copy of this form is to be sent)	
	Plateau Inc.	or contaction	1921 Bloomfield Blvd.,	Farmington, NH 87401	
	Name of Authorized Transporter of Casinghead Gas 🔼 or Dry Gas		Address (Give address to which approved copy of this form is to be sent)		
	El Paso Natural Gas C		Box 990, Farmington, NII Is gas actually connected? When	87401	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Age.			
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:		
IV.	Designate Type of Completic		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
			Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		
	Perforations	orations Shoe			
	TURING CASING AND C		CEMENTING RECORD	81,2	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH ET	COMSTICKS CEMENT	
			\ \seta \ \ \seta \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	6. 0 l	
			al al	51	
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 able 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.)	
,	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
		an Phila	Water-Bbls.	Gas • MCF	
	Actual Prod. During Test	Oil-Bbls.			
	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	
			OIL CONSERVATION COMMISSION		
VI.	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVA	SEP 2 4 1975	
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Original Signed by	A. K. Kendrick	
		0	TITLE	SUPERVISOR DIST. #3	
			This form is to be filed in co		

VI.

bove is true and complete	to the best of my knowledge and belie
	-n-2:(
766-	_ / 5 00
	(Signature)
	/ { i - i .
	(Title)
	(Date)

Inis 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 multiple.

Separate Forms C-104 must be filed for each pool in multiply completed wells.