NO. OF COPIES RECEIVED			.5	
DISTRIBUTION				
SANTA FE				
FILE		1	-	
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	1		
	GAS	/	-	
OPERATOR		1		

	SANTA FE /		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11i		
	FILE /	- 1. C40E31	AND	Effective 1-1-65		
	U.\$.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS		
	LAND OFFICE					
	TRANSPORTER OIL /					
1	GAS /					
	PRORATION OFFICE					
. <b></b>	Operator					
:	Aztec Oil & Gas	Company				
	Address					
	Drawer 570, Far	mington, New Mexico				
,	Reason(s) for filing (Check proper		Other (Please explain)			
	1.444 MG:1	Change in Transporter of:				
:	Recompletion Change in Ownership	Oil Dry G	- * 01 d 11 a11 Pure	111 Completed .		
	Change in Ownership	Casinghead Gas Conde	nsate	cty compteted		
	If change of ownership give nam	e				
	and address of previous owner _					
11.	DESCRIPTION OF WELL AN	ND LEASE				
	Lease Name	Well No. Pool Name, Including F	Formation Kind of Lea	se Lease No.		
	East	#10   Basin Dako	ta State, Feder	Fal or Fee SF-077652		
	Location					
	Unit Letter E;	1170 Feet From The $North$ Lie	ne and 790 Feet From	The West		
	9.0	21 11 (1				
	Line of Section 26	Township 31 North Range 1	2 West , NMPM,	San Juan County		
111	DECIONATION OF TO ANODA	ORTER OF OUT AND MARKING.	• •			
111.	Name of Authorized Transporter of	ORTER OF OIL AND NATURAL GA	AS Address (Give address to which appr	ound copy of this form is to be sent		
	Plateau		<b>1</b>	•		
	Name of Authorized Transporter of	Casinghead Gas or Dry Gas at	Box 108, Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent)			
	Southern Union		!			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Box 398, Bloomfield, Is gas actually connected?	New Mexico		
	give location of tanks.					
	If this production is commingled	with that from any other lease or pool,	give commingling order number			
IV.	COMPLETION DATA		give comminging order number.			
	Designate Type of Comple	of Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
		X	<del> </del>	X		
	Date Spudded 6-25-70	Date Compl. Ready to Prod.	Total Depth 7182	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.	7-7-70 Name of Producing Formation	Top Oil/Gas Pay	7150		
	6038 Gr	Dakota	6932	Tubing Depth 6890		
	Perforations	20.000	0902	Depth Casing Shoe		
	6932-38, 6948-5	3, 7020-36, 7060-68, 7088-	96 7116-36	7182		
		TUBING, CASING, AND CEMENTING RECORD				
	. HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	6-3/4"	45"	7182'	510 Sxs		
			<u>i</u>			
V.	TEST DATA AND REQUEST		after recovery of total volume of load oi epth or be for full 24 hours)	l and must be equal to or exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks		Producing Method (Flow, pump, gas	lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
				, , , ,		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF 2 1970		
				V W OCH COM		
	GAS WELL			3/		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	1861	3 Hours Tubing Pressure (shut-in)				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in )	Casing Pressure (Shut-in)	Choke Size		
	Back Pressure		1247	3/4		
VI.	CERTIFICATE OF COMPLI	ANCE	OIL CONSERV	ATION COMMISSION		
	* Caracter of the second of		OCT 2 1970			
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information giver		By Original Signed by Emery C. Arnold			
	above is true and complete to	the best of my knowledge and belief.				
			TITLESUPERVI	BOP. DAST. 110		
(	VS Jac O A	Siling	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			
•	June Co	ignature)				
1	District S	Superintendent	tests taken on the well in acc	ordance with RULE 111.		
ı		Tue	All sections of this form must be filled out completely for allow-			

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