SANTA FE	1	_	
FILE	1	-	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
TRANSFORTER	GAS	1	
OPERATOR	2		

DISTRIBUTION		NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104		
SANTA FE	1/1-	REQUEST FOR ALLOWABLE Supersedes Old C-104 an Effective 1-1-65				
FILE	1/ -		AND	Filective 1-1-92		
U.S.G.S.		AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS		
LAND OFFICE						
I RANSPORTER OIL						
GAS	1					
OPERATOR	2					
PRORATION OFFICE						
Operator						
Aztec Oil & Gas	Company	Y				
Address						
P. 0. Drawer 570). Farmi	ington, New Mexico				
Reason(s) for filing (Check	proper box,)	Other (Please explain)			
New Well		Change in Transporter of:				
Recompletion		Oil Dry Ga	s			
Change in Ownership		Casinghead Gas Conden	asate			
If change of ownership gi						
and address of previous of	wner					
	T T ABITS	TELAGE				
I. DESCRIPTION OF WE	LL AND	Lease No. Well No. Pool Nar	me, Including Formation	Kind of Lease		
Leade Hame			_	State, Federal or Fee		
Richardson Location			anco Mesaverde	State, Federal or Fee Federal		
Location		_	- 44.			
Unit Letter	_ ;18	850 Feet From The North Lin	e and <u>1660</u> Feet Fron	n The Fast		
Line of Section 21	Tov	wnship 31N Range	124 , NMPM, Sen	Juan County		
		-				
		TER OF OIL AND NATURAL GA	S. C. III	Land of the form to be be asset		
Name of Authorized Transp	porter of Oil	or Condensate	Address (Give address to which app	roved copy of this form is to be sent)		
1.						
Name of Authorized Transp	orter of Cas	singhead Gas or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)		
Southern Union (lather!	ng System	P. O. Box 398. Bloom	Meld. New Mexico.		
If well produces oil or liqu		Unit Sec. Twp. Rge.	Is gas actually commercial?	When		
give location of tanks.	145,		Yes	11/5/65		
		41 41 44 64 44 44 44 44 44 44 44 44 44 44 44				
If this production is community. COMPLETION DATA	ningled wi	th that from any other lease or pool,	give comminging order number.			
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v		
Designate Type of	Completio	on $-(X)$	4-			
Date Spudded		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
				m/o		
9/12/65		11/5/65 Name of Producing Formation	7196 Top Oil/Gas Pay	7169 Tubing Depth		
Elevations (DF, RKB, RT,	GR, etc.;	Name of Producing Pointation				
6131 GR		Blanco Mesaverde	<u> 1480</u> t	6986 Depth Casing Shoe		
Perforations				_		
4894-4924, 2 sh	ots per	foot		7181		
			CEMENTING RECORD			
HOLE SIZE		CASING &_TUBING SIZE	DEPTH SET	SACKS CEMENT		
121		10-3/4" = 32.75#	1631	135 ex		
8-3/4"		7-5/8" - 26	51.86'	95 sx		
61"		114 - 9.5 #	71951	let stage 30 ex		
		2-3/8" - 4-74 thr.	60861	2nd stage 275 sx		
V. TEST DATA AND RE	QUEST F			oil and must be equal to or exceed top allow		
OIL WELL	QUESI I	able for this de	epth or be for full 24 hours)			
Date First New Oil Run To	o Tanks	Date of Test	Producing Method (Flow, pump, gas	life, etc.)		
				COTH AS		
Length of Test		Tubing Pressure	Casing Pressure	Choke Stage		
Equidity of Logic				KLOTIA PER /		
Actual Prod. During Test		Oil-Bbls.	Water-Bbls.	Gas-MCF		
Actual Float Buring 1951				JAN 26 1966		
				COM.		
G 4 G				OIL CON. COM.		
GAS WELL		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Actual Prod. Test-MCF/I)	Length of lest	Bala: Colidanadie MMC	Gravily Graduation		
221.2	.,	3 hours	-	Challes Cites		
Testing Method (pitot, bac	ck pr.)	Tubing Pressure	Casing Pressure	Choke Size		
Back Pressure			177	3/14#		
I. CERTIFICATE OF CO	OMPLIAN	ICE	OIL CONSER	VATION COMMISSION		
	••		1841 - 0 4000			
I hereby contify that the	rules and	regulations of the Oil Conservation	APPROVED JAN 2 6 1966	i, 19		
Commission have been complied with and that the information given		U Omisimal Si	igned Emery C. Arnold			
above is true and comp	above is true and complete to the best of my knowledge and belief.		-	,		
		TITLE Supervisor Di	st. # 3			
		11				
CRIGINAL SIGNED BY JOE C. SALMON		This form is to be filed i	n compliance with RULE 1104.			
	•		If this is a request for all	lowable for a newly drilled or deepene		
Joe C. Salmon (Signature)		well, this form must be accome tests taken on the well in ac	panied by a tabulation of the deviation cordance with RULE 111.			
District Superintendent			All sections of this form	must be filled out completely for allow		
(Title)			able on new and recompleted	wells.		
1/25/66		Fill out only Sections I	II. III. and VI for changes of owner			
	(D	Oate)	well name or number, or transp	orter, or other such change of condition		
	•		Separate Forms C-104 m completed wells.	ust be filed for each pool in multipl		