DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE Supersedes Old C-104 and C-11 REQUEST FOR ALLOWABLE FILE AND u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS 3 OPERATOR PRORATION OFFICE Operator Aztec Oil & Gas Company Address 2000 First National Bank Bldg., Dallas, Texas 75201 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name Acoma Oil Corporation, Hamm Bldg., St. Paul Minnesota 55102 and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Sarah M. Hedges State, Federal or Fee Blanco Mesaverde Fee Location 990 Feet From The North 1060 East Unit Letter _Line and _ Feet From The 31N 12W , Township San Juan Range , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate XX Address (Give address to which approved copy of this form is to be sent) P.O. Box 2151, Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent) New Mexico Tankers Name of Authorized Transporter of Casinghead Gas or Dry Gas [X] El Paso Natural Gas Company Box 1492, El Paso, Texas Unit When If well produces oil or liquids, give location of tanks. Sec. Twp. Rge. Is gas actually connected? 23 31N 12W 9-11-61 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Plug Back Same Res'v. Diff. Hes'v. Designate Type of Completion - (X) X Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 5-8-61 7-6-61 7340 7324 Pool Name of Producing Formation Top Oll/Gas Pay Tubing Depth Blanco Mesaverde Mesaverde 4970 4970 Perforations Depth Casing Shoe 5007-5120 7337 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET **SACKS CEMENT** 10-3/4 7" 205 150 5275 433 5158-7337 4-1/2 250 4970 1-1/4 (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, etc.) Length of Test Size

Tubing Pressure Casing Pressure Actual Prod. During Test Oil - Bbls. Water-Bbls. 9 1968°s OIL CON. COM. GAS WELL

DIST. Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MM ravity of Condensate resting Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size

APPROVED_

TITLE

VI. CERTIFICATE OF COMPLIANCE

I 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.

(Signature)

(Date)

District Superintendent (Title)

July 3, 1968

L. M. Stevens

This form is to be filed in compliance with RULE 1104.

By Original Signed by Emery C. Arnold

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.

OIL CONSERVATION COMMISSION

JUL 9 1968

SUPERVISOR DIST. #3

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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.