NO. OF COPIES RECEIVED	}					
DISTRIBUTION	NEW ME					
SANTA FE /	NEW ME					
FILE , L-	·					
U.S.G.S.	AUTHORIZATIO					
LAND OFFICE						
TRANSPORTER OIL / GAS						
OPERATOR /	•					
PRORATION OFFICE						
Operator						
Address M. GALLAWAY						
101-2 Petrolew						
Reason(s) for filing (Check proper box)) Change in Transporte					
New Well Recompletion	Oil					
Change in Ownership X	Casinghead Gas					
If change of ownership give name and address of previous owner	Aztec Oil & (
. DESCRIPTION OF WELL AND	LEASE					
Lease Name	Well No. Pool Name					
Ute Indian	2 Ver					
	OO Feet From The N					
Line of Section 10 Tow	waship 31 North					
Name of Authorized Transporter of Oil Shell Pipe Line Co	or Condensate					
If well produces oil or liquide						
I II well produces out or liquids,	Unit Sec. Twp.					
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. G 10 31					
give location of tanks. If this production is commingled with	G 10 311 th that from any other le					
give location of tanks. If this production is commingled with	th that from any other le					
give location of tanks. If this production is commingled with the completion DATA	th that from any other le					
If this production is commingled with COMPLETION DATA Designate Type of Completion	th that from any other le					
give location of tanks. If this production is commingled with the completion of tanks.	th that from any other le					
give location of tanks. If this production is commingled with the completion of the	th that from any other le					
give location of tanks. If this production is commingled with the completion of the	th that from any other le on - (X) Date Compl. Ready to Pr Name of Producing Forms					
give location of tanks. If this production is commingled with the completion designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	th that from any other le on - (X) Date Compl. Ready to Pr Name of Producing Forms TUBING, C					
give location of tanks. If this production is commingled with the completion of the	th that from any other leton - (X) Date Compl. Ready to Pr Name of Producing Forms TUBING, C					
give location of tanks. If this production is commingled with the completion of the	th that from any other leton - (X) Date Compl. Ready to Provide the Complete Comple					
give location of tanks. If this production is commingled with the completion designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	th that from any other leton - (X) Date Compl. Ready to Provide the Complete Comple					
give location of tanks. If this production is commingled with the completion of the	th that from any other le on - (X) Date Compl. Ready to Producing Forms TUBING, C CASING & TUBIN OR ALLOWABLE (T					
give location of tanks. If this production is commingled with the completion designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOIL, WELL Date Firs: New Oil Run To Tanks	th that from any other leton - (X) Date Compl. Ready to Provide the Complete Comple					
give location of tanks. If this production is commingled with a completion designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE . TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test	th that from any other leton - (X) Date Compl. Ready to Provide the Complete Comple					

XICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST			FOR ALLOWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE	1/	L	AUTHODITATION TO TOA	AND	ATUDAL 6			
	U.S.G.S.	+	 	AUTHORIZATION TO TRA	INSPORT OIL AND N	ATURAL	SAS		
	TRANSPORTER OIL	1							
	GAS	+	-						
	PRORATION OFFICE	+-							
1.	Operator								
	Address								
	101-2 Petroleum Plaza Building, Farmington, New Mexico 87401								
	Reason(s) for filing (Check proper box) Other (Please explain) New We!!								
	Recompletion								
	Change in Ownership X	_		Casinghead Gas Conder	nsate				
	If change of ownership gi and address of previous o			Aztec Oil & Gas Com	pany, Dallas,	Texas			
	DESCRIPTION OF WELL AND LEASE								
						State Federal or Fee			
	Ute Indian 2 Verde Gallup						Ove mairs mary		
	Unit LetterG	a course my North Line and 2110 Feet From The Progr							
	10		Т	mship 31 North Range 15	Weat , NMPM,	San	Juan County		
	Line of Section 10		104	mship 31 North Range 15	west	<u> </u>	ouau		
111.	DESIGNATION OF TR	ANSI	PORT	TER OF OIL AND NATURAL GA	S (Give address to	which appro	ved copy of this form is to be sent)		
	Name of Authorized Transp Shell Pipe I								
ŀ	Name of Authorized Transp				Address (Give address to	which appro	on. New Mexico ved copy of this form is to be sent)		
	If well produces oil or liqui	ids,		Unit Sec. Twp. Rge.	Is gas actually connected	d? ¦Wh ∣	en		
	give location of tanks.			G 10 31N 15W	ivo commingling order	number: =			
	If this production is common COMPLETION DATA	f this production is commingled with that from any other lease or pool, give commingling order number:							
. ,	Designate Type of	Comi	oletio	on - (X)	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.		
	Date Spaced								
	Elevations (DF, RKB, RT,	GR, e	tc.j	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
	Perforations						Depth Casing Shoe		
	Periorations								
				CEMENTING RECORD		CA CYC CEMENT			
	HOLE SIZE			CASING & TUBING SIZE	DEPTH SE	<u> </u>	SACKS CEMENT		
						-61121	and the second to all and		
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 or exceed top al able for this depth or be for full 24 hours)								
	Date First New Oil Run To	Tank	. 5	Date of Test	Producing Method (Flow, pump, gas lift, etc.)				
	Land Table			Tubing Pressure	Casing Pressure		Chge		
	Length of Test								
	Actual Prod. During Test			Oil-Bbls.	Water - Bbls.		9 1972		
							OIL CON. COM.		
	GAS WELL						DIST 3		
	Actual Prod. Test-MCF/D)		Length of Test	Bbis, Condensate/MMCF	,	Gravity Condensate		
	Testing Method (pitot, bac	k pr.)		Tubing Pressure (Shut-in)	Casing Pressure (Shut-	-in)	Choke Size		
			Y A NI	OF.	OILO	ONSERV	ATION COMMISSION		
VI.	CERTIFICATE OF COMPLIANCE			ABBROVED MAR 9 1972 19					
	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.			AFFROVED					
				BY Original Signed by Emery C. Arnold					
					TITLESUPERVISOR DIST. #3				
	W M Mallaceay				This form is to be filed in compliance with RULE 1104.				
	Il for alland				services for allowable for a newly drilled or deepened				
	(Signature)				I tests taken on the v	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
	Operator (Title)				All sections of this form must be filled out completely for allowable on new and recompleted wells.				
	March 1, 1972				Fits out only Sections I II. III. and VI for changes of owner,				
	(Date)			well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply					