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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator: Aztec Oil & Gas Company

Address: P. O. Drawer 570, Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well	X	Change in Transporter of:	
Recompletion		Oil	Dry Gas
Change in Ownership		Casinghead Gas	Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Burnt Mesa	1	Blanco Mesaverde	State, Federal or Fee Federal	SF-0781

Location: Unit Letter K ; 1840 Feet From The South Line and 1840 Feet From The West

Section 25 Township 32N Range 7W NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
[illegible]	P. O. Box 108, Farmington, New Mexico
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 Company	P.O. Box 990, Farmington, New Mexico

Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4-25-72	5-12-72	6000'	5967'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6367 GR	Pt. Lookout		

Perforations	Depth Casing Shoe
5836-5934	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	10-3/4"	326	300 sxs
8-7/8"	7-5/8"	3778	195 sxs
6-3/4"	4-1/2"	3685-6000	285 sxs

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

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

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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DIST. 3

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	3 hour		

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	1093	1095	3/4

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)

District Superintendent
(Title)

May 25, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 26 1972, 19

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

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 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 operator, 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.