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DISTRIBUTION			
SANTA FE		1	
FILE		1	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	<u> </u>	
	GAS	1	
OPERATOR		1	
PRORATION OFFICE			1

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## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

ANTA FE /	1 /	AND	Effective 1-1-65
ILE /	_1	AND	\c
.s.g.s.	AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GA	
AND OFFICE	1		
RANSPORTER OIL /	4		
GAS /	4		
PERATOR /	-		
PRORATION OFFICE			
perator			
Aztec Oil & Gas Comp	any		
ddress			
P. O. Drawer 570, Fa	rmington, New Mexico	Other (Please explain)	
eason(s) for filing (Check proper box		Office (1 sease explains)	
ew Well	Change in Transporter of:		
ecompletion	Oil Dry Gas	H ,	
hange in Ownership	Casinghead Gas Condense	ate	
change of ownership give name			and the second s
nd address of previous owner		and the second s	
ESCRIPTION OF WELL AND	LEASE		Lease No.
ease Name	Well No.   Pool Mane, mercany . o.		171 0077
Reese Mesa	#2 Blanco Mesa	verde State, Federal	NP-3037
			•
	2450 Feet From The South Line	and 350 Feet From 7	rhe West
Unit Letter L;	Feet From The		^
. 12	ownship 32 North Range 8	West , NMPM,	San Juan County
Line of Section 12 T	ownship 32 NOTUL Hange 8	11000	
	CALL AND MATERIDAE CAS		
ESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL GAS	Address (Give address to which appro-	ved copy of this form is to be sent)
Name of Authorized Transporter of C	of Couraments [7]	P. O. Box 108, Farmin	
Plateau, Inc.		Address (Give address to which appro	ved copy of this form is to be sent)
Name of Authorized Transporter of C	asinghead Gas or Dry Gas X		
El Paso Natural Gas	Company	P. O. Box 990, Farmir	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	ls gas actually connected? Wh	E11
give location of tanks.		No	
	with that from any other lease or pool,	give commingling order number:	
f this production is commingled	with that from any other leads of poss,		The state of the s
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v
Designate Type of Comple	tion – (X)	X	
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	6-24-73	8700'	8608'
5-13-73		Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.	<b>'</b>	6254'	6290'
7063 GR	Mesaverde	0234	Depth Casing Shoe
Perforations	1000 (754 O CDE		
6254-6262, 6266-6	5286, 6292-6314, 2 SPF	CEMENTING RECORD	
		DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE		290 Sacks
124"	9-5/8"	303'	120 Sacks
8-3/4"	7''	6513'	274 0 1
61/4"	41211	Top 6423 - Bottom 8700	230 Sacks
	11511	6290'	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load of	il and must be equal to or exceed top allo
OIL WELL	able for this de	epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	EL LIALD/
Balo i not not		· / K	LULITED \
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Length of lest			9 1973
	Oil-Bbls.	Water-Bble.	IIILGan-MCF
Actual Prod. During Test	0.1-55.5		CON. COM.
		<del></del>	DIST. 3
	•		1013
GAS WELL		Bbis. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	DDIS. CORGERBARA/MMC1	
3228	3 Hours	400.00	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	• • • • • • • • • • • • • • • • • • •
Back Pressure	1125	1125	3/4"
	ANCE	OIL CONSER	VATION COMMISSION
. CERTIFICATE OF COMPLI	MINUE	II	
	المنافذ المستعدد والمالية	APPROVED AUG 13	1973
	and regulations of the Oil Conservation	VI 25	
	ed with and that the information giver the best of my knowledge and belief		
STORE IS THE SHE COMPLETE !		SUPER	VISOR DISE. #3
		TITLE	**
		This form is to be filed	in compliance with RULE 1104.
Ju a Sun	20122		same to do a namin drilled OF GREDS
The Courses	(Clampanea)		
	pigneture/	tests taken on the well in ac	cordance with NULE 1111

(Date)

District Superintendent (Title)

July 5, 1973

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