NO. OF COPIES RECEIVED		5			
DISTRIBUTION					
SANTA FE		/			
FILE					
U.S.G.S.					
LAND OFFICE					
IRANSPORTER	OIL	/			
IRANSPORTER	GAS	1			
OPERATOR		1			
PRORATION OFFICE					
Operator					
Aztec Oil 8	Gas	Co	npan		
Address					
P. O. Drawe	er 570), I	Farm		
Peacon(s) for filing (Check proper box)					

	DISTRIBUTION				Form C-104 Supersedes Old C-104 and C-110		
	SANTA FE	REQUEST	REQUEST FOR ALLOWABLE				
}	FILE /	AUTHORIZATION TO TRA	AND	NATURAL C	A C		
ŀ	U.S.G.S.	AUTHORIZATION TO TRAI	NSPUR! UIL AND	NATUKAL G	AS		
ŀ	LAND OFFICE	1					
İ	TRANSPORTER GAS /	1					
}	OPERATOR /	1					
I.	PRORATION OFFICE						
	Operator						
	Aztec Oil & Gas Company						
	Address	mington New Mexico 8740	01				
	P. O. Drawer 570, Fari Reason(s) for filing (Check proper box	alligion, New Mexico 6740	Other (Pleas	e explain)			
	l vu	Change in Transporter of:					
,		Oil Dry Gas	s				
	Recompletion Change in Ownership	Casinghead Gas Conden	asate 🔲				
	Change in Ownership						
	If change of ownership give name						
	and address of previous owner						
II.	DESCRIPTION OF WELL AND	LEASE		Kind of Lease	Lease No.		
	Lease Name	Well No. Pool Name, merading is		State, Federal	VIV 6002		
	Reese Mesa	#3 Basin Dakot	.a	Didle, 1 cacia.			
	Location	vro North	875		East		
	Unit Letter H : 18	Feet From The North Line	e and	Feet From T	1		
	Line of Section 13 To	wnship 32 North Range	8 West , NMP	и.	San Juan _{County}		
	Line of Section 13 To	wnship 32 NOTCH Range	7 1444.	***			
***	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S				
111.	Name of Authorized Transporter of Oil	or Condensate 🛣	Address (Give address	to which approv	ed copy of this form is to be sent)		
	Plateau, Inc.		Box 108, Far	mington, N	New Mexico 87401 ed copy of this form is to be sent)		
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas X	!				
	Northwest Pipeline Co	orporation	501 Airport	Drive, Far	rmington, New Mexico 874		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connec	ted? Whe	en .		
	give location of tanks.		No				
	If this production is commingled wi	ith that from any other lease or pool,	give commingling ord	er number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completi		X	ļ			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	6-17-73	7-20-73	8100		8028		
	Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay		Tubing Depth		
	6487 GR	Dakota	7938		7920		
	Perforations				Depth Casing Shoe		
•	7938-7962, 2 SPF						
•		TUBING, CASING, ANI			SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH	3081	300 Sacks		
	12-1/4"	9-5/8"		5930'	234 Sacks		
	8-3/4"	4-1/2"	Top 5844'-Bot		215 Sacks		
	6-1/4"	2-3/8"	100 0011 200	7920'			
	The state of the s		ofter recovery of total vo	lume of load oil	and must be equal to or exceed top allow-		
V.	able 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.)				
					A Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure	1	(Single 1999		
		Oil-Bbls.	Water - Bbls.		Gas - MCF		
	Actual Prod. During Test	Oli-Bois.		'	\\`_{\@`_\\\`_\$		
					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
		•			0,0,		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MN	ICF	Gravity of Gondonsate		
	723	3 Hours					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Sh	st-in)	Choke Size		
	Back Pressure	2652			3/4"		
VI	CERTIFICATE OF COMPLIAN	NCE	OIL	CONSERVA	ATION COMMISSION 1974		
•	CERTIFICATE OF COMPLETE				FEB 10 10		
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED		3.3		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			igned by E	erry C. Arneld		
	above is true and complete to a	TO DICE DICE					
	· ·	i t	This form is to be filed in compliance with RULE 1104.				
		This form is					
District Superintendent			If this is a r	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.			
			l teets taken on th				
			All sections of this form must be filled out completely for allow-				
		sile on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.					
	February 13, 1975						
(Date)			Separate Fo	rms C-104 mu	at be filed for each pool in multiply		
			completed wells.				