INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico					Northwestem New Mexico				
T.	Anhy	T.	Canyon	T.	Ojo Alamo 1343	т.	Penn. "B"		
T.	Balt	T.	Strawn	T.	Kirtland-Fruitland 2128		Penn. "C"		
B.	Salt	T.	Atoka	T.	Pictured Cliffs 2528		Penn. "D"		
T.	Yates	T.	Miss	T.			Leadville		
T.	7 Rivers	T.	Devonian	T.	Menefee	т	Madison		
T.	Queen	T.	Silurian	T.	Point Lookout 4608	T.	Elbert		
T.	Grayburg	T.	Montoya	T.	Mancos	T.	McCracken		
T.	San Andres	T.	Simpson	T.	Gallup	т.	Ignacio Otzte		
Т.	Glorieta	T.	McKee	Bas	se Greenhorn	Т.	Granite		
T.	Paddock	Т.	Ellenburger	Т.	Dakota	т.			
T.	Blinebry	T.	Gr. Wash	T.	Morrison	Т.			
T.	Tubb	Т.	Granite	T.	Todilto	Т.			
T.	Drinkard	T.	Delaware Sand	T.	Entrada	т			
T.	Abo	T.	Bone Springs	T.	Wingate	т.			
T.	Wolfcamp	T.		T.	Chinle	Т			

FORMATION RECORD (Attach additional sheets if necessary)

T. Penn. _____ T. ____ T. Pennian ____ T. ____ T. Cisco (Bough C) _____ T. ___ T. Penn. "A" _____ T. ____ T. ____ T. ____ T.

From	То	Thickness in Feet	Formation	From	То	Thickness in Feet	Formation
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NO. OF COPIES RECEIVED			
DISTRIBUTION			T
SANTA FE			
FILE			
U.S.G.5.			
LAND OFFICE			
TRANSPORTER	OIL	1	
THAMS! ON EN	GA5	5	
OPERATOR			

1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OPERATOR PRORATION OFFICE Operator Aztec Oil and (Address P. O. Drawer 57	AUTHORIZATION TO TRA		NATURAL GAS	Form C-104 Supersedes Old Effective 1-1-65	C-104 and C-11		
	Reason. For filing (Check proper box New Well XX Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND	Change in Transporter of: Oil Dry Ga Castinghead Gas Conde	Ħ l	e explain)				
•••	-Lease Name	Well No. Pool Name, Including F		Kind of Lease State, Federal or Fee	Fee	Lease No.		
	Calloway		,	Didie, 1 ddeidi di 1 dd				
	Unit Letter C ; 10	020 Feet From The North Lir	1850	Feet From The	Vest 			
	Line of Section 22 To	wnship 31N Range	11W NMP	. San Juan		County		
	Line of Section 22 To	whatip redige	,,,,,,	<u></u>				
III.	DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	AS Address (Give address	to which approved cop	y of this form is to	be sent)		
	Plateau, Inc.	P. O. Box 108, Farmington, New Mexico						
	Name or Authorized Transporter of Ca	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1899, Bloomfield, New Mexico						
	Southern Union	Gathering Tunit Sec. Twp. Rge.	Is gas actually connec		icia, wew	MCXICO		
	If well produces oil or liquids, give location of tanks.		no					
		th that from any other lease or pool,	give commingling orde	r number:	···			
1V.	COMPLETION DATA		New Well Workover	Deepen Plug	Back Same Res	Diff. Res'v.		
	Designate Type of Completic	, , , , , , , , , , , , , , , , , , , ,	X	P.B.		1		
	Date Spudded	Date Compl. Ready to Prod. $6-20-77$	Total Depth 5170'		r.b. 019'	•		
	4-24-77 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top C!l/Gas Pay		ng Depth			
	5840' GR	Mesaverde	4699'		002'			
	Perforations	D. L. L. Lankout		[-	h Casing Shoe 129			
	4699! - 5007!	Point Lookout TUBING, CASING, AN	D CEMENTING RECO		123			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CEME	NT		
	12-1/4"	9-5/8"	219'		110 sxs			
	8-3/4"	7"	28281	201	178 sxs			
	6-1/4"	4-1/2"	2655'-51 5002'	29'	302 533	· · · · · · · · · · · · · · · · · · ·		
	MEDIN DAME AND DECITION D	2-3/8" OP ALLOWARIE (Test must be a		ume of load oil and mu	st be equal to or ex	ceed top allow-		
٧.	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 (Flo	w, pump, gas lift, etc.)		ing the same		
	Length of Test	Tubing Pressure	Casing Pressure	Chok	e Size			
	Cengra 3, . ear					. ,		
	Actual Prod. During Test	Otl - Bbls.	Water-Bbls.	Gan-	MCF	1.A.: #		
	DIST. 3							
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMC	F Grav	ity of Condensate			
	9,544 Testing Method (pitor, back pr.)	3 hrs	Casing Pressure (Saw	t-in) Chek	e Size			
	1	i e	918 psig		3/4"			
¥.rx	Back Press.	T A40 hyla	 	CONSERVATION	COMMISSION			
₹ I.	CHARLE OF COME SHARE							
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED, 19					
	Commission have been complied above is true and complete to the	BY ORIGINAL SIG	EU BY N. E. MAXWE	LL, JR.				
		· /)	TITLEMENT		** 5			
		1/ /		o be filed in compli		1104.		

	Vin Kyas	
District	Production	Manager

		17
July	8,	1977 (Tule)

APPROVED	· · · · · · · · · · · · · · · · · · ·	, 19	
ORIGINAL SIGNED BY M. E. M	AXWEL L, JR		
TITE PERCENTAGE TO THE		55	

If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 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 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.