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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRODUCTION OFFICE		

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	
Reasons for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vanderslice	Well No. 1A	Pool Name, Including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee	Lease No. SF-078215
Location Unit Letter <u>N</u> ; <u>800</u> Feet From The <u>South</u> Line and <u>1820</u> Feet From The <u>West</u>				
Line of Section <u>19</u> Township <u>32N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 108, Farmington, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1899, Bloomfield, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? <u>no</u> When	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		X	X					
Date Spudded 5-18-77	Date Compl. Ready to Prod. 7-1-77		Total Depth 5629'			P.B.T.D. 5573'		
Elevations (DF, RKB, RT, GR, etc.) 6162' GR	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 2958'			Tubing Depth 2962'		
Perforations 2958' - 3018' Pictured Cliffs						Depth Casing Shoe 5550'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12-1/4"	9-5/8"		220'			110 SXS		
8-3/4"	7"		3238'			240 SXS		
6-1/4"	4-1/2"		2978' - 5550'			320 SXS		
	1-1/2"		2962'					

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 allowable for this depth or be for full 24 hours)

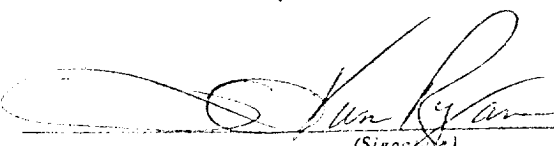
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 967 Mcf/d	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1038 psig	Casing Pressure (Shut-in) 889 psig	Choke Size 3/4"

VI. 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.

  
District Production Manager  
August 5, 1977  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by \_\_\_\_\_  
TITLE \_\_\_\_\_

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 applicable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of ownership.  
Separate Forms C-104 must be filed for each pool in a recompleted well.