	NO. OF COFILS RECEIVED ST DISTRIBUTION	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	Operator Aztec Oil & Gas Company				
ł	ddress P. O. Drawer 570, Farmington, New Mexico				
ł	ason(a) for filing (Check proper box) Other (Please explain)				
	New Well A	Change in Transporter of: Oil Dry Gas	s []		
	Change in Ownership	Casinghead Gas Condens	sate		
	f change of ownership give name and address of previous owner				
u. 	DESCRIPTION OF WELL AND D Lease Name Primo Mudge	See Name Well No. Pool Name, Including Formation Kind of Lease Lease No. Primo Mudge 1A Blanco Mesaverde State, Federal or Fee SF-078039A			
	Unit Letter Feet From The South 1640 West Feet From The				
Line of Section 24 Township 32N Range 11W , NMPM, San Juan				lan County	
		TER OF ON AND NATURAL CA	5		
II. 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 proved copy of the proved cop					
	Plateau, Inc. Name of Authorized Transporter of Cas	singhead Gas or Dry Gas X	P. O. Box 108, Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent)		
Í	Southern Union Ga		P. O. Box 1899, Blog		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? When NO I	n	
1		th that from any other lease or pool, g	give commingling order number:		
v .	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completic	1	Total Depth	P.B.T.D.	
	Date Spudded 5 - 9 - 77	Date Compl. Ready to Prod. 7-6-77	5744 '	5740'	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 4644	Tubing Depth	
	6333' GR Perforations	Mesaverue		5670 ^t Depth Casing Shoe	
	4644' - 5670'	4644' - 5670' 5741' TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12-1/4"	9-5/8"	214'	190 sxs	
	8-3/4"	7"	3400' 3235'-5741'	220 sxs 315 sxs	
	6-1/4"	4-1/2" 2-3/8"	56701	515 585	
N 7	TET DATA AND REQUEST F	OR ALLOWARIE (Test must be af	fter recovery of total volume of load oil a	ind must be equal to or exceed top allow-	
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volu OIL WELL (Test must be after recovery of total volu able for this depth or be for full 24 hours Date First New Cil Run To Tanks (Date of Test) (Producing Method (Flow			pth or be for full 24 hours) Producing Method (Flow, pump, gas life		
	Date First New Oli Run 10 Tanks		45	Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gca - MCF	
				<u></u>	
	GAS WELL		Bbla. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Longth of Tost 3 hrs	Bbia. Contanadio/ Marc.		
	4,545 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-12)	Choke Size 3/4"	
	Back pressure	<u>881 psig</u>		TION COMMISSION	
VX.	CERTIFICATE OF COMPLIAN	CE		1977	
	hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given		BY_Original Signed by A. R. Kendrick		
	commission have been complied above is true and complete to the	e best of my knowledge and belief.	HANNING TO DIST. 50		
((Sign	an Kan	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 allow- able on new and recompleted wells. Fill out only Sections I, II. III, and VI for changes of owner.		
	District Product	tion Manager			
		itle)			
August 10, 1977 (Date)			well name or number, or transporter, or other such change of condition Separate Forma C-104 must be filed for each pool in multiply		
			li completed wells.		