NO. OF COPIES REC	EIVED	1	
DISTRIBUTION			7
SANTA FE			
FILE			1
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS	1	
OPERATOR	4		
PROGATION OF			

DISTRIBUTION	17	NEW MEXICO OIL C	ONSERVATION COMMISSION	£.	
SANTA FE	/	REQUEST FOR ALLOWABLE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C			
FILE	1 4	AND Effective 1-1-65			
U.S.G.S.		AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL (SAS	
LAND OFFICE				5,10	
IRANSPORTER OIL					
GAS					
OPERATOR .	4				
PROGRATION OFFICE					
Operator					
Address	_		2.7		
P. O. Drawer 570,	Farm:	ington, New Mexico 8740			
Reason(s) for filing (Check pro	per box)	G)	Other (Please explain)		
New Well		Change in Transporter of:			
Recompletion		Otil Dry Gar			
Change in Ownership		Casinghead Gas Conden	sate	3	
f change give r and address of previous owns	name A	ztec Oil & Gas Company,	P. O. Drawer 570, Farmi	ngton, New Mexico 87401	
DESCRIPTION OF WELL	AND L	.EASE Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.	
Nye		#3 Aztec Pictu		in the state of th	
Location		1 " J AZCEC FICE	red CIIII	- recerat [3r-07015]	
/ T.	165	O Feet From The South Line	e and 990 Feet From 1	rha West	
Unit Letter :	105	Feet From The Bouten Line	e and 990 Feet From 1	The WCSC	
Tune of Section 1	Tour	mahip 30 North Range 1	1 West , NMPM,	San Juan County	
Line of Section 1	10%	asing of Holen hange a	710.10	Can o act County	
SECIES ATION OF TRANS	талаз	ER OF OIL AND NATURAL GA	S		
Name of Authorized Transporte	r of Oil	or Condensate	Address (Give address to which approx	ped copy of this form is to be sent)	
Name of Authorized Transporter	r of Casi	nghead Gas or Dry Gas 💢	Address (Give address to which approx	ved copy of this form is to be sent)	
Southern Union Ga			Fidelity Union Tower,	Dallas, Texas 75201	
		Unit Sec. Twp. Rge.	Is gas actually connected? Whe	er.	
If well produces oil or liquids, give location of tanks.	1			≪ .	
		that from any other lease or pool,	give commingling order number	1	
f this production is comming COMPLETION DATA	ied witr	that from any other lease or poor,	grive comminging order number.		
			New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Con	npletion	n = (X)			
Date Spudded		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
•					
Elevations (DF, RKB, RT, GR,	etc.;	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
			•		
Perforations				Depth Casing Shoe	
	. <u></u>				
		TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE		CASING & TUBING SIZE -	DEPTH SET	SACKS CEMENT	
			-		
				<u> </u>	
	i				
TEST DATA AND REQUE	est fo		fter recovery of total volum e of load oil : pth or be for full 24 hows)	and must be equal to or exceed top allow-	
OIL WELL Date First New Oil Run To Tar	· · ·	Date of Test	Producing Method (Flow, pump, gas li)	ft, etc.)	
Date Flist New On Ham 10 14.					
Length of Test		Tubing Pressure	Casing Pressure	Choke Stze	
20	ļ				
Actual Prod. During Test		Oil-Bala.	Water - Bbis.	Gcs-MCF	
	1				
	1		<u> </u>		
GAS WELL					
Actual Prod. Test-MCF/D	1	Length of Test	Bbis. Condenscte/MMCF	Gravity of Condensate	
	1		The state of the s		
Testing Method (pitot, back pr.	,	Tubing Pressure (Shut-AA)	Casing Pressure (Shut-in)	Choke Size	
·					
CERTIFICATE OF COMP	TIANC	F	OIL CONSERVA	TION COMMISSION	
CERTIFICATE OF COMPLIANCE		JAN12			
hereby certify that the rules and regulations of the Oil Conservation		APPROVED JAN 1 /	1370 , 19		
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Original Signed by A. R. Kendrick			
/ /)		TITLE SUPERVISO	R DIST. #5		
			This from is on he filled in	compliance with RULE 1104.	
	1/100	- KE/EL	if this to a secret for allow	vable for a newly drilled or despense	
	(Siano	swe)/	here the form must be accompa	nied by a tabulation of the deviation.	
			tests taken on the well in accor	rdance with RULE 111.	
	(Tiel	(e)	All sections of this form mu able on new and recompleted we	at be filled out completely for allow-	
(Title)			able on new and recompleted weils.		

(Date)

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.