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TRANSPORTER	OIL	
	GAS	/
OPERATOR		2
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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

I. Operator
Aztec Oil and Gas
Address
P.O. Drawer 570, Farmington, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, including acreage	Kind of Lease
Thompson		1	Blanco Mesaverde	State, Federal or Fee Federal
Location				
Unit Letter N	990	Feet From The S	Line and 1650	Feet From The W
Line of Section 33	Township 31N	Range 12W	County San Juan	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give street address; attach approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give street address; attach approved copy of this form is to be sent)	
Southern Union Gathering	Unit	Sec.
If well produces oil or liquids, give location of tanks.	Twp.	Rge.
		Is gas sold? yes

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.				
3/12/66	4/12/66	5107	4756				
Elevations (D.F., RKB, RT, GR, etc.)	Name of Producing Formation	Top of Gas Pk	Tubing Depth				
5937 KB	Blanco Mesaverde	4650	4671				
Perforations	Depth Casing Shoe						
4650-30	4610-4600	4590-4565	4756				
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
6-1/4"	4-1/2	10-5	4756		350 ex		
	1-1/2	2-75	4671				

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
084	3 hr		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
back pressure	73	3-3	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.

ORIGINAL SIGNED BY JOE C. SALMON

(Signature)

District Superintendent

May 2, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 3 1966**

Original Signed by Emery C. Arnold

BY **SUPERVISOR DIST 23**

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 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.