

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SOLUTION		5
SANTA FE		/
FILE		/
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRORATION OFFICE		

I. Operator
Aztec Oil and Gas Company
Address
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 ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Crandell</u>	Well No., Pool Name, Including Formation <u>#1 Blanco Mesaverde</u>	Kind of Lease State, Federal or Fee <u>SF-078134</u>	Lease No.
Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>19</u> Township <u>31</u> Range <u>10</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"/> <u>New Mexico Tankers to Plateau</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2151, Farmington, New Mexico</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Southern Union Gathering</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 990, Farmington, New Mexico</u>
If well produces oil or liquids, specify location of tanks.	Is gas actually connected? When

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

IV. COMPLETION DATA

Complete Type of Completion - (V) <u>2-50-82</u>	Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Reservoir <input type="checkbox"/>
Well Completion Date <u>2-50-82</u>	Total Depth <u>5244</u>
Well Name <u>3088 SF Mesaverde</u>	Top Oil/Gas Pay <u>4956</u>
Productions <u>4956-64, 4970-84, 5002-82, 5046-82, 2 SPF</u>	Depth Casing Shoe <u>5025</u>

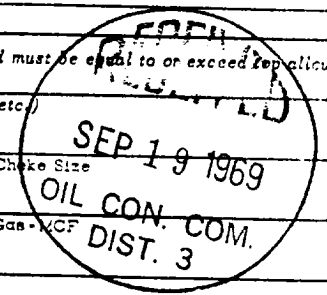
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u>3 1/2</u>	<u>Top 4524-Bottom 5244</u>	<u>100 sz</u>
	<u>1 1/2</u>	<u>5025</u>	

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 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
Water Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF



Water Prod. (Test-MCF/D) <u>3300</u>	Length of Test <u>3 Hrs</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Flow Method (pump, back pr.)	Tubing Pressure (Bottom)	Casing Pressure (Shut-in)	Choke Size
Back Pressure <u>712</u>	<u>712</u>	<u>712</u>	<u>3/4</u>

OIL CONSERVATION COMMISSION

APPROVED SEP 19 1969
BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #3

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.

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.

Emery C. Arnold
(Signature)
District Superintendent
(Title)
September 18, 1969
(Date)