

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator  
Aztec Energy CorporationAddress  
1206 East 20th Street, Farmington, New Mexico 87401

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

## DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "O"	Well No. #2	Pool Name, including Formation Chacon Dakota Extension	Kind of Lease State, Federal or Foreign Jicarilla Federal	Lease No. 417
-----------------------------	----------------	---	---	------------------

Location Unit Letter A	790'	Feet From The North	Line and 990'	Feet From The East
Line of Section 10	Township 22 North	Range 3 West	NMPM, Sandoval County	

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) 5107 N. 7th Street, Phoenix, Arizona 85014					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Post Office Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 10	Twp. 22N	Rge. 3W	Is gas actually connected? No	When Approx. May, 1982

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded 12-12-81	Date Compl. Ready to Prod. 4-3-82	Total Depth 6850'	P.B.T.D. 6825'					
Elevations (DF, RKB, RT, GR, etc.) 7096' RKB	Name of Producing Formation Dakota	Top Oil/Gas Pay 6690'	Tubing Depth 6755'					
Perforations			Depth Casing Shoe					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8 24#	268	175
7 7/8	4 1/2 10# 11.6#	6850	1st stage 470 sacks
			2nd stage 375 sacks
	2 3/8	6755	3rd stage 250 sacks

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)

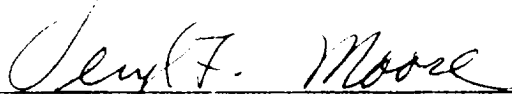
Date First New Oil Run To Tanks 4-3-82	Date of Test 4-3-82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 265	Casing Pressure 350	Choke Size None
Actual Prod. During Test 168	Oil-Bbls. 168	Water-Bbls. 8 BLW	Gas-MCF 150 est.

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
Veryl F. Moore (Signature)  
President  
(Title)  
April 6, 1982  
(Date)

## OIL CONSERVATION DIVISION

APPROVED APR 11 1982, 19  
Original Signed by CHARLES GHOLSON  
BY  
TITLE DEPUTY OIL & GAS INSPECTOR, 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 filled for each pool in multiple completed wells.