O. OF COPIES RECEIVED			5	
DISTRIBUTION			L	
NTA FE				
LE		1	1	
s.G.S.		<u> </u>	ļ	
AND OFFICE		<u> </u>		
RANSPORTER	OIL	L_	<u> </u>	
	GAS			

## NEW

D. OF COPIES RECEIVED	AND	ICEDIATION COMMESSION	Form C-104	
DISTRIBUTION	NEW MEXICO OIL CON REQUEST FO	Supersedes Old C-104 and C-110 Effective 1-1-85		
LE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
S.G.S.	AUTHORIZATION TO TRAIS	STORY OIL ARD WATCHAL OA		
RANSPORTER OIL GAS /				
PERATOR 2				
RORATION OFFICE				
Aztec Oil & Gas Compa	ny			
dress	rmington, New Mexico 874	401	,	
asan(s) for filing (Check proper box)	Iming con, i.e., item	Other (Please explain)	:	
w Well	Change in Transporter of: Oil Dry Gas	$\mathbf{x}$		
completion ange in Ownership	Casinghead Gas Condenso	<u> </u>		
	ztec Oil & Gas Company, I	P. O. Drawer 570, Farmin	gton, New Mexico 87401	
f address of previous owner	ztec off q das company,		<u> </u>	
ESCRIPTION OF WELL AND I ease Name Arizona Jicarilla	[ Xell No.: Poc. Manne, Increasing a re-	mation Kind of Lease Pictured Cliffs State, Federal	Jicarilla Lease No.	
ATIZONA SICALITIA				
Unit Letter 'P ; 815	Feet From The South Line	and 1115 Feet From Th	East	
Line of Section 36 Tow	mship 25 North Flange	4 West , NMPM,	Rio Arriba county	
ESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GAS	Address (Give address to which approve	d copy of this form is to be sent)	
iome of Authorized Transporter of Cas	inghead Gas or Dry Gas 🛣	Address (Give address to which approve	ed copy of this form is to be sent)	
Gas Company of New	w Mexico I	First International Bldg	<u>, Dallas, Texas</u> 75270	
well produces oil or liquids, ive location of tanks.	Unit Sec. Twp. Eye.			
this production is commingled wit	th that from any other lease or pool, g	vive commingling order number:		
OMPLETION DATA	Oil their	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
oate Spuadea		Top Oil/Gas Pay	Tubing Depth	
levations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top On/Ous Puy		
Perforations	1		Depth Casing Shoe	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	TO ALL OWARD F. (Test must be of	ter recovery of total volume of load oil	.t and must be equal to or exceed top allow	
TEST DATA AND REQUEST F	able for this de	pth or be for full 24 hours)   Producing Method (Flow, pump, gas lif	1 to	
Date First New Oil Run To Tanks	Date of Test	Producing Memory		
Length of Test	Tubing Pressure	Casing Pressure Choke Size		
	Oti - Bala.	Water-Bbls.	Gas-NC5	
Actual Prod. During Test			L DIST. 3	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIAN	  CE	OIL CONSERVATION COMMISSION		
		APPROVED	, 19	
hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		BY Original Signed by A. R. Kondrick		
above is true and complete to the	ie nest of my whom age and section	TITLE STERVISOR DIST	. # <b>3</b>	
	/ //	*1	compliance with RULE 1104.	
Jan Keyan		If this is a request for allo	wable for a newly drilled or deepend anied by a tabulation of the deviation	
(Signature)		well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
District Superintendent (Title)		All sections of this form mable on new and recompleted w	All sections of this form must be filled out completely for allo- able on new and recompleted wells.	

I hereby certify that the rules and regulations of the Commission have been complied with and that the above is true and complete to the best of my known an (Signature) District Superintendent (Title) October 29, 1976 (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