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LAND OFFICE	
TRANSPORTER	OIL 1 GAS
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Superseded C-104 and C-110
Effective 1-1-72

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Frontier B	Well No.: 3	Pool Name, including Formation: Basin Dakota	Kind of Lease: State, Federal or Fee	Lease No.: SF-078872
Location: Unit Letter E, 2310 Feet From The North Line and 790 Feet From The West				
Line of Section 4, Township 27N, Range 11W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Plateau	P. O. Box 108, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	
Unit	Sec.
Twp.	Rge.
Is gas actually connected? When	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't	Diff. Res't
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING LOG								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 greater than 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
Testing Method (pitot, back pr.)	Tubing Pressure (Chart-in)	Casing Pressure (Chart-in)	Choke Size

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.

John C. Arnold
(Signature)

District Superintendent

(Title)

March 20, 1972

(Date)

OIL CONSERVATION COMMISSION

APPROVED: MAR 20 1972

BY: Original Signed by Emery C. Arnold

TITLE: SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 104.

If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of tests run on the well in accordance with RULE 104.

All sections of this form must be filled out completely on new and recompleted wells.

Fill out only Sections I, II, III, and VI for change 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.