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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-
Effective 1-1-65

I. PROPRIATION OFFICE

Operator

Address: Aztec Oil and Gas

Drawer 570 Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Other (Please explain)

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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Whitley	8	South Blanco Pictured Cliffs	Fed	NM 02294

Unit Letter M; 990 Feet From The South Line and 1060 Feet From The West Line

Section 20; Township 27N; Range 9W; 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)

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas X Address (give address to which approved copy of this form is to be sent)

Southern Union Gas Co Box 815 Farmington, New Mexico

If well produces oil or liquids, give location of tanks. Unit M; Sec. 20; Twp. 27N; Rge. 9W; 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'v.	Diff. Res'v.
	X	X						

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6/13/66	7/11/66	2430	2357

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6362 GR	Pictured Cliffs	2322-68	2346

Perforations: 2322-28, 2336-38, 2345-48, 2353-58, 2365-68, & 2377 — Depth Casing Shoe 2431

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼	8 5/8	148	100 sx
7-7/8	4½	2430	200 sx
	1	2346	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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
2544	3 hr		

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pressure	236	219	3/4"

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OIL CON. COM.
DIST. 3

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
Title

August 31, 1966
Date

OIL CONSERVATION COMMISSION

APPROVED SEP - 2 1966, 19

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.