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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-1
Effective 1-1-65

Operator <i>Aztec Oil & Gas Company</i>	
Address <i>Drawer 570, Farmington, New Mexico</i>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Hillside</i>	Well No. <i>#1</i>	Pool Name, including Formation <i>Kutz Gallup</i>	Kind of Lease State, Federal or Fee <i>SF-078872 A</i>	Lease No.
Location Unit Letter <i>J</i> ; <i>2310</i> Feet From The <i>South</i> Line and <i>1650</i> Feet From The <i>East</i> Line of Section <i>9</i> Township <i>27 North</i> Range <i>11 West</i> , NMPM, <i>San Juan</i> 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"/>	Address (Give address to which approved copy of this form is to be sent)
<i>Plateau</i>	<i>Box 108, Farmington, New Mexico</i>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<i>El Paso Natural Gas Company</i>	<i>Box 990, Farmington, New Mexico</i>
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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <i>10-3-70</i>	Date Compl. Ready to Prod. <i>10-29-70</i>	Total Depth <i>6754'</i>	P.B.T.D. <i>6716'</i>					
Elevations (DF, RKB, RT, GR, etc.) <i>6223 Gr</i>	Name of Producing Formation <i>Gallup</i>	Top Oil/Gas Pay <i>5906'</i>	Tubing Depth <i>5880'</i>					
Perforations <i>5906-14, Gallup - 4 SPF</i>	Depth Casing Shoe <i>6754'</i>							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<i>12 1/4"</i>	<i>8-5/8"</i>	<i>314'</i>	<i>200 srs</i>
<i>7-7/8"</i>	<i>5 1/2"</i>	<i>6754'</i>	<i>1st Stage - 200 srs</i>
	<i>2-1/16"</i>	<i>5880'</i>	<i>2nd Stage - 200 srs</i>

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 top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <i>11-4-70</i>	Date of Test <i>11-4-70</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pumping</i>	
Length of Test <i>24 Hours</i>	Tubing Pressure <i>40</i>	Casing Pressure <i>40</i>	Choke Size
Actual Prod. During Test	Oil-Bbls. <i>32</i>	Water-Bbls. <i>-0-</i>	Gas-MCF <i>118</i>

GAS WELL

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

Jac C. Simon
(Signature)

District Superintendent
(Title)

November 9, 1970
(Date)

OIL CONSERVATION COMMISSION

APPROVED *NOV 12 1970*

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 deepener 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 multiple completed wells.