NO. OF COPIES REC	EIVED	<u></u>	
DISTRIBUTION			2
SANTA FE		1	,
FILE		1	U
U.S.G.S.		<u> </u>	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR		4	
PRORATION OFFICE			

SANTA FE /	1	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
FILE 1 U		AND		
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS		
OIL				
TRANSPORTER GAS /				
OPERATOR 4				
1. PRORATION OFFICE Cpercros				
Sauchtani Bawa	1ty 031.233Y			
Address		1	•	
Reason(s) for filing (Check proper box	nington, New Mexico 8740.	Other (Please explain)		
New Well	Change in Transporter of:	<u> </u>		
Recompletion	Oil Dry Gas Casinghead Gas Condens	 		
Change in Ownership				
If change give name and address of previous owner	Aztec Oil & Gas Company,	P. O. Drawer 570, Farming	gton, New Mexico 8/401	
	* D.40D			
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.	
McClanahan	#3 Fulcher Kutz Pi	ctured Cliff State, Federal c	Fee Federal SF-079551	
Location /I	00 Feet From The South Line	990 Foot From The	. West	
Unit Letter L ; 170	Feet From The Code Line	rect roll rich		
Line of Section 24 To	waship 28 North Range 1	10 West , NMPM, San Ju	an County	
II. DESIGNATION OF TRANSPOR	TER OF OH AND NATURAL GAS	S		
Name of Authorized Transporter of Ot	or Condensate	Address (Give address to which approved	I copy of this form is to be sent)	
į.		Address (Give address to which approved	d copy of this form is to be sent)	
Name of Authorized Transporter of Co	l l	Fidelity Union Tower, D		
Southern Union Gather	Unit Sec. Twp. Ege.	Is gas actually connected? When		
); well produces oil or liquids, quye location of tanks.				
If this production is commingled w	ith that from any other lease or pool, g	give commingling order number:		
W. COMPLETION DATA	O	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completi		Total Depth	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Joint John		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
			Depth Casing Shoe	
Perforations				
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	FOR ALLOWABLE (Test must be a)	i to a second of total values of load oil or	nd must be squal to or exceed top allow-	
V. TEST DATA AND REQUEST I	able for this de			
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	
Tandan or roat			Gas-MCF	
Actual Prod. During Test	C.1-Bbls.	Water-Bbis.	Gas - MC1	
		- N L	7 (2)	
GAS WELL		10260	Gravity of Concensate	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Concessions	
Testing Method (pitot, back pr.)	Tibing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
VI. CERTIFICATE OF COMPLIA	NCE	JAN 1 2 19	TION COMMISSION 78	
	a conservation	APPROVED	, 19	
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. BY Original Signal by A. E. Folding		A. R. Fradrick		
above is true and complete to t	the best of the knowledge and bottom	TITLE		
		11		
	Van Keran	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepens		
(Si	gnature)	well, this form must be accompanied by a tabulation of the deviation of th		
1432 1 1 6		Att mactions of this form mus	it be filled out completely for allow	
1-1-7	Title)	able on new and recompleted we Fill out only Sections I, II	I'll and VI for changes of owner,	
	Date!	well name of number, of transpore	or number, or transporter, or other such change of conditionate Forms C-104 must be filed for each pool in multiply	

Separate For completed wells.