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SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL /
FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL
U.S.G.S. LAND OFFICE IRANSPORTER OIL /
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TRANSPORTER OIL /
TRANSPORTER
,
GAS /
OPERATOR /
PRORATION OFFICE
Operator
Aztec Oil & Gas Compan

	DISTRIBUTION				1	
	SANTA FE /	NEW MEXICO OIL	CONSERVATION COMMIS	SION	5 .	
	FILE	REQUES	T FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11		
	U.S.G.S.	-	AND	Effective 1-1-65		
	LAND OFFICE	AUTHORIZATION TO TE	RANSPORT OIL AND N	ATURAL GAS		
	77					
	TRANSPORTER GAS /					
	OPERATOR /				•	
I.	PRORATION OFFICE					
	Operator	i				
	Aztec Oil & Gas Comp	eany				
	Address					
	Drawer 570, Farmingt	on, New Mexico				
	Reason(s) for filing (Check proper b	ox)	Other (Please e	xplain)		
	New Well	Change in Transporter of:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~p.=)		
	Recompletion	Oi: Dry (Gas Chan	ge in Operat	.0.70	
	Change in Ownership X	Casinghead Gas Cond	ensate	go in operai		
	If change of ownership give name					
	and address of previous owner					
			· · · · · · · · · · · · · · · · · · ·			
П.	DESCRIPTION OF WELL AND	D LEASE				
	The state of the s	Well No. Pool Name, Including		ind of Lease	Lease No.	
	Southeast Cha Cha Un	it Gallup Gallup	s	tate, Federal or Fee	SF-077968	
		540				
	Unit Letter 'B;	510 Feet From The North	ine and $_{}$ 1830	Feet From The	East	
	6.7	00 777				
	Line of Section 21	Township $28\ North$ Range 1	3 West NMPM,		San Juan County	
111	DECIOS ATTOM OF TO ANGRE				3,5	
111.	Name of Authorized Transporter of C	RTER OF OIL AND NATURAL G	AS		_	
			Address (Give address to	which approved copy	of this form is to be sent)	
	Four Corners Pipeline Name of Authorized Transporter of C	gsinghead Gas IIII or Dry Gas III	Box 1588, Farm	ington, New 1	Mexico	
	F7 Dago Which approved copy of this form is to be sen					
			Box 990, Farmin	ngton, New Me	exico	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
	<u> </u>					
IV	If this production is commingled v COMPLETION DATA	with that from any other lease or pool	, give commingling order no	umber:		
•••		Oil Well Gas Well	New Well Workover			
	Designate Type of Complet	ion = (X)	New Well Workover	Deepen Plug B	ack Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	1	1	
,			Total Depth	P.B.T.	.ъ.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			
			Top Only Gds Pdy	Tucing	Depth	
	Perforations			Danah		
				Depth	Casing Shoe	
		TUBING, CASING, AN	D CEMENTING RECORD			
į	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			
			52.111521		SACKS CEMENT	
						
į					- Fau	
Į				1/27	frun.	
V.	TEST DATA AND REQUEST E	OR ALLOWABLE (Test must be	ifter recovery of total volume	-(1-)		
	OIL WELL	able for this 2	epth or be for full 24 hours)	oj toda ott and mitst	or events of the eet top allow-	
į	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, p	ump, gas lift, esc.	0 1070	
ļ				1 90	L 8 1970	
	Length of Test	Tubing Pressure	Casing Pressure	/cen-	GON. COM.	
-	•				DIST. 3	
	Actual Prod. During Test	Oil-Bbls.	Water - Bb.s.	Gas - M	2.01.0	
l						
	CAC WITH Y					
-	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity	of Condensate	
-	Tooties Von Comment				ŀ	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in) Choke	Siza	
<u>.</u> L			<u> </u>			
VI. 6	certificate of complian	CE	O.L. CO	NSERVATION (COMMISSION	
	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.					
I			APPROVED JUL 8 1970 By Original Signed by A. R. Kendrick			
6						
			TITLE PETROLEUM ENGINEER DIST. NO. \$			
			This form is to be filed in compliance with RULE 1104.			
_	Jac C Chemen					
_	(Signature)		If this is a request for allowable for a newly drilled or deepened well, this is not 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 as accordance.			
	District Superintendent					
_	(Title)					
	Julu 1. 1920	•	able on new and recompleted wells.			
	- (De	Fill out only Sect well name or number, or	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.			
	·		Secreta Forms Cated many the State to the state of the st			