NO. OF COPIES RECEIVED		15	
DISTRIBUTION			
SANTA FE		1	
FILE		II	
U.S.G.S.		i	
LAND OFFICE	AND OFFICE		
TRANSPORTER	OIL	[7	
	GAS		
OPERATOR		1	
PRORATION OFFICE			

	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104			
	SANTA FE /	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110			
	FILE /	1	AND	Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	SAS			
	LAND OFFICE	1					
	TRANSPORTER OIL /	-					
	OPERATOR (·					
,	PRORATION OFFICE						
	Operator Bird Oil Equipment of						
	Address 3101 Knudsen, Farmington, NM 87401 Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well Change in Transporter of:						
	Recompletion Oil Dry Gas						
	Change in Ownership X Casinghead Gas Condensate						
	If change of ownership give name Aztec Oil & Gas Company, Drawer 570, Farmington, NM 87401						
	and address of previous owner						
11.	II. DESCRIPTION OF WELL AND LEASE						
•	Lease Name	Well No. Pool Name, including Fo	Cha I				
	Southeast Cha Cha Unit	#8 Gallup	Cha Cila State, Federa	Sr-0//968			
	Location P 680	South	810 – –	rh. East			
	Unit Letter P 000	Feet From The South Line	e and Feet From 1	The			
	Line of Section 8 Tow	waship 28 North Range 13	West , NMPM, S	an Juan County			
	Cine of decision 104						
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S	and some of this form is to be seen			
•	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 X or Dry Gas Add		1921 Bloomfield Blvd., Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent)				
			Box 990, Farmington, NM 87401				
		Unit Sec. Twp. P.ge.	Is gas actually connected? Who				
	If well produces oil or liquids, give location of tanks.						
		th that from any other lease or pool,	give commingling order number:				
IV.	If this production is commingled wit COMPLETION DATA			Tollin Book I Come Book I Brill Brill			
	Designate Type of Completion		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
		Date Compl. Ready to Prod.	Total Depth	P.B.			
	Date Spudded	Date Compl. Reddy to Prod.		WALL !			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	MODE BIS			
	(20, 1112), 117, 011, 6161)			Kr of W.			
	Perforations			Depth Casta Shoe			
	TUBING, CASING, AND CEMENTING RECORD						
		· , · · · · · · · · · · · · · · · · ·	DEPTH SET	SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	DEF IN SET				
				<u> </u>			
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 all						
. •	OIL WELL						
	Date First New Oil Run To Tanks						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF			
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MCF/D						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
				1			
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION			
		* +3	ADDROVED	SEP 2 4 1975			
I hereby certify that the rules and regulations of the Oil Conservation			APPROVED	A. R. Kendrick			
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 Signed by A. R. Kendrick					
	The same same same same same same same sam		SUPERVISOR DIST. 45				
	//			rm is to be filed in compliance with RULE 1104.			
	126000	/ // A standard for a newly drilled or de					
		nature) ·	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.				
	- Li	<u> </u>					
	(Ti	itle)					
	G1	ile) 23/75					
(Date)			well name or number, or transpor	ren or other such change of continue			

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.