			······		
NO. OF COPIES RECEIVED			5		
DISTRIBUTION					
SANTA FE					
FILE		1	-		
U.S.G.5.		<u> </u>			
LAND OFFICE		1			
TRANSPORTER	OIL	/			
	GAS	/			
OPERATOR		1/_			
			1		

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1 256

- ⊢	SANIA FE	REGOESTIO	AND	Effective 1-1-65		
-	FILE		SPORT OIL AND NATURAL GAS			
-	U.S.G.S.	AUTHORIZATION TO TRAIN				
+	LAND OFFICE			•		
	TRANSPORTER GAS /					
\ 	OPERATOR /					
<b>1</b> .	PRORATION OFFICE					
	Operator					
	Bird Oil Equipment of O	klahoma, Ltd.				
Γ	Address					
3101 Knudsen, Farmington, NM 87401  Reason(s) for filing (Check proper box)  Other (Please explain)						
	New Well	Change in Transporter of:				
Ì	Recompletion	Oil U Dry Gas				
l	Change in Ownership	Casinghead Gas Condense	ite			
L	If change of ownership give name Aztec Oil & Gas Company, Drawer 570, Farmington, NM 87401					
1	If change of ownership give name $A_{ m Z}$ and address of previous owner	tec 011 & Gas Company,	Diamer 3.0, 1 many			
II.	DESCRIPTION OF WELL AND LI	Well No. Pool Name, Including For	mation Kind of Lease	Lease No.		
İ	Lease Name Southeast Cha Cha Unit		Cha State, Federal or	Fee SF-077968		
				XX+		
		Feet From The South Line	and 660 Feet From The	West		
	O 20110			San Juan County		
	Line of Section 3Town	ship 23 North Range 13	West , NMPM,			
		THE STATE OF	•			
Ш.	DESIGNATION OF TRANSPORTI	or Condensate	Address (Give address to which approved	copy of this form is to be sent)		
	Name of Authorized Transporter of Oil		1921 Bloomfield Blvd., F	armington, NII 87401		
	Plateau Inc. Name of Authorized Transporter of Casin	nghead Gas 📉 or Dry Gas 🗍	Address (Give address to which approved	Address (Give address to which approved copy of this form is to be sem)		
	El Paso Natural Gus Con	mpany	Box 990, Farmington, NE	87401		
		Unit Sec. Twp. P.ge.	Is gas actually connected? When			
	If well produces oil or liquids, give location of tanks.					
	If this production is commingled with	that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty		
	Designate Type of Completion					
		Date Compl. Ready to Prod.	Total Depth			
	Date Spudded			Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Otl/Gas Pay	Tubing Sept.		
			1 QLV	Depth Casing Shoe		
	Perforations		1 2	Depth Cathy bine		
		TURING CASING, AND	CEMENTING RECORD	ON. 3		
		CASING & TUBING SIZE	DEPTH SET	ACKS CEMENT		
	HOLE SIZE					
			, at land oil or	nd must be equal to or exceed top allo		
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 al able for this depth or be for full 24 hours)						
OIT WETT						
Date First New Cil Run To Tanks			Choke Size			
	Length of Test	Tubing Pressure	Casing Pressure	CHOLD DIDE		
	Length of lest		200	Gas-MCF		
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.			
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of 1991		Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (philos, each 2 )			TION COMMISSION		
VI. CERTIFICATE OF COMPLIANCE			OIL CONSERVA	OIL CONSERVATION COMMISSION		
1			APPROVED	SEP 2 4 1975		
	I hereby certify that the rules and	regulations of the Oil Conservation with and that the information gives	APPROVED	APPROVED P. Verdrick		
	Commission have been complete with the complete to the best of my knowledge and belief.		BY Original Signed by A. R. Kendrick			
			TITLESUPERVISOR DIST. #3			
	r		se filed in	compliance with RULE 1104.		
	(Signature)		This form is to be liked in	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deeper in the accompanied by a tabulation of the device.		
			well, this form must be accompated tests taken on the well in accompany	wable for a newly drilled of despendented by a tabulation of the deviation		
			tests taken on the well in acco	regice with the completely for al		

(Title)

(Date)

All sections of this form must be filled out completely for all able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owr well name or number, or transporter, or other such change of conditi

Separate Forms C-104 must be filed for each pool in multi-completed wells.