

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
DISTRIBUTION		REQUEST FOR ALLOWABLE			
SANTA FE		AND			
FILE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
U.S.G.S.					
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR		3			
PRORATION OFFICE					
Operator					
Address					
P. O. Drawer 570, Farmington, New Mexico 87401					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well		Change in Transporter of:		Name change	
Recompletion		Oil			
Change in Ownership		Casinghead Gas		Condensate	
If change give name and address of previous owner					
Aztec Oil & Gas Company, P. O. Drawer 570, Farmington, New Mexico 87401					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Kind of Lease	
McDaniel "B"		#1		State, Federal or Fee Patented	
Pool Name, Including Formation		Basin Dakota		Lessee No.	
Location					
Unit Letter		1080		Feet From The South Line and 1185 Feet From The West	
Line of Section		17		Township 29 North Range 11 West, NMPM, San Juan County	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil		or Condensate		Address (Give address to which approved copy of this form is to be sent)	
Plateau, Inc.				P. O. Box 108, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas		or Dry Gas		Address (Give address to which approved copy of this form is to be sent)	
Southern Union Gathering				Fidelity Union Tower, Dallas, Texas 75201	
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:					
COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well		Gas Well	
New Well		Workover		Deepen	
Plug Back		Same Res'tv.		Diff. Res'tv.	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
Tubing Depth					
Perforations				Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
SACKS CEMENT					
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		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Tubing Pressure		Casing Pressure	
Choke Size					
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.	
Gas-MCF					
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					
I. 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.					
(Signature)					
District Production Mgr.					
(Title)					
(Date)					
OIL CONSERVATION COMMISSION					
JAN 12 1978					
APPROVED					
BY Original Signed by A. R. Kendrick					
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 deepened 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 multiply completed wells.					