	NO. OF COPIES RECI	6		
	DISTRIBUTIO			
	SANTA FE	1		
	FILE	FILE		_
	U.S.G.S.			
	LAND OFFICE			
1.	TRANSPORTER	OIL	1	<u> </u>
	IRANSFORIER	GAS		
	OPERATOR		2	<u> </u>
	PRORATION OFFICE			

-	DISTRIBUTION	NEW MEXICO OIL CON	NSERVATION COMMISSION	Form C-104			
F	SANTA FE /	NEW MEXICO OIL CONSERVATION COMMISSION					
	FILE /	•	AND Effective 1-1-65				
Γ	U.S.G.S.	AUTHORIZATION TO TRAN	ANSPORT OIL AND NATURAL GAS				
	LAND OFFICE						
	TRANSPORTER OIL /						
-	OPERATOR 2						
_ }	PRORATION OFFICE						
1.	Operator						
	Aztec Oil & Gas Co.						
	iress						
		P.O. Box 570, Farmington, N.M. 87401 Other (Please explain)					
	Reason(s) for filing (Check proper box)	Change in Transporter of:	O, mer (1 tease express)				
	New Well Y	Oil Dry Gas					
	Change in Ownership	Casinghead Gas Condens	ate				
L							
]	If change of ownership give name and address of previous owner						
			•				
II.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including For	mation Kind of Leas	e Lease No.			
ĺ	Lease Name	,	State, Federa	d or Fee			
}	Hagood	30 Basin Dakota		NM0468128			
Location Unit Letter A : 790 Feet From The North Line and 790 Feet From The East							
	Unit Letter A; 790						
	Line of Section 34 Town	nship $29N$ Range 13	314 , NMPM, S	an Juan County			
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Y Address (Give address to which approved copy of this form is to be sent)					
		C. St. Connection (A.)					
	Name of Authorized Transporter of Cast	Plateau, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas X		Box 108, Farmington, N. M. 87401 Address (Give address to which approved copy of this form is to be sent)			
	El Paso Natural Gas Company		Box 990, Farmington, N. M. 87401				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en			
	give location of tanks.		<u> </u>				
	If this production is commingled with	h that from any other lease or pool, g	give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completion	n – (X)	X				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	6-14-72	7-16-72 Name of Producing Formation	6285 Top Oil/Gas Pay	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	1					
	5739 GR.	Basin Dakota	6136	6100 Depth Casing Shoe			
	Perforations	r.		6250			
	6236-48, 6206-26, 2SP	TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	11''	8 5/8"	325	Circ.			
	7 7/8''	5 1/2"	6250	1st Stage 405 Sx. 4750*			
				2nd Stage 265 Sx. 1748* 3rd Stage 178 Sx.			
* Stage Collars 3rd Stage 178							
V.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to able for this depth or be for full 24 hours)						
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)			
				Choke Size			
	Length of Test	Tubing Pressure	Casing Pressure	AUG 18 1972			
		Oil-Bbls.	Water - Bbls.	Gas-MOF			
	Actual Prod. During Test	OII-BBIS.		ORL COM! COM.			
		1	4	Dill			
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate			
	500	24 Hr	144/MMCF Casing Pressure (Shut-in)	Choke Size			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		111			
	В.Р.	1268	-0-	/ATION COMMISSION			
VI	. CERTIFICATE OF COMPLIAN	CE		JG 18 197?			
	a i la	by certify that the rules and regulations of the Oil Conservation ission have been complied with and that the information given		BY Original Signed by Priery C. Arnold			
	above is true and complete to the	e best of my knowledge and belief.	TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despense				
	/						
	0/1//						
	1/1/1/1/1	22200					

(Signature)

(Date)

(Title)

--- August 17, 1972

well, this form must be accompanied by a tabulation of 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, and VI for changes of owner, well name or number, or transporter, or other such change of concerns the sections of Canada and the last transporter of concerns continuous continu