NO. OF COPIES RECEIVED		5	5	
DISTRIBUTION				
SANTA FE		7		
FILE		1	-	
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL	<u> </u>		
	GAS	1		
OPERATOR				
PRORATION OFFICE				

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

,		i.				e 1-1-65	
L	FILE / V	1	AND				
ſ	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND N	ATURAL G	AS		
ľ	LAND OFFICE						
ŀ	OIL	7					
1	TRANSPORTER	†					
Ĺ	GAS /	4					
1	OPERATOR 2	_					
	PRORATION OFFICE						
• •	Operator		· · · · · · · · · · · · · · · · · · ·				
	Aztec Oil and Gas	1					
	Address		<u></u>				
ł		meter Herr Morel on					
	Drawer 570, Farmi	ington, New Mexico	та.				
Ì	Reason(s) for filing (Check proper box	)	Other (Please	explain)			
i	New Well	Change in Transporter of:	_				
į	Recompletion	Oil Dry Ga	ıs 🗶				
	Change in Ownership	Casinghead Gas Conden	nsate				
Į	Chunge in Ownership						
	If change of aumership give name						
	If change of ownership give name and address of previous owner					<del></del>	
	and address of previous eville						
	DESCRIPTION OF WELL AND	TEASE					
ш.,	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation	Kind of Lease	,	Lease No.	
				State, Federal	lor Fee <b>Fed</b>	1	
	McGrath "C"	1 Basin Dakots	<u> </u>		FOU		
	Location				_		
	13.0.1	870 Feet From The S Lin	ne and 1190	Feet From 1	The		
	Unit Letter;;	Tect I tom I no		_			
		umakin AAN B	124 , NMPM	Sen	a Juan	County	
	Line of Section 34 To	wnship 3011 Range	, IVIVIPIVI		. y vieta		
	<del>-</del>		_				
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	NS		. I fabia f	orm is to be sent)	
	Name of Authorized Transporter of Oi	or Condensate	Address (Give address t	o which approv	vea copy of this f	oim is to be sent)	
	ļ						
	Name of Authorized Transporter of Co	singhead Gas or Dry Gas X	Address (Give address	o which approx	ved copy of this f	orm is to be sent)	
	Name of Authorized Transporter of Co	single-dd Gds or bif dds					
	Southern Union G	athering	Box 398,	Bloom 1	eld, New M	EC1.CO	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connecte	ed? Whe		1/2	
	give location of tanks.		yes	1		9/63	
	If this production is commingled w	ith that from any other lease or pool,	give commingling order	number:			
IV.	COMPLETION DATA		<del></del>	Deepen	Plug Back So	ame Res'v. Diff. Res'v.	
		Oil Well Gas Well	New Well Workover	Deeben	1	1	
	Designate Type of Completi	on $-\langle A \rangle$			<del> </del>		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	2010 09-2000						
		Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name or Producing Formation					
					Depth Casing Shoe		
	Perforations			Deptit Casing			
					1	<del> </del>	
		TUBING CASING AN	D CEMENTING RECOR	D			
				- C		SACKS CEMENT	
	1.2		DEPTHS	ET			
	HOLE SIZE	CASING & TUBING SIZE	DEPTHS	ET			
	HOLE SIZE		DEPTH S	ET			
	HOLESIZE		DEPTH S	ET			
	HOLE SIZE		DEPTH S	ET			
	HOLE SIZE		DEPTH S	ET			
		CASING & TUBING SIZE				at West and allow	
V.	HOLE SIZE	CASING & TUBING SIZE	after recovery of total volu	me of load oil	and must be far	Photographic allow	
v.	. TEST DATA AND REQUEST I	CASING & TUBING SIZE  FOR ALLOWABLE (Test must be a able for this d	after recovery of total volumenth or be for full 24 hour	ame of load oil		F of pred top allow	
V.	. TEST DATA AND REQUEST I	CASING & TUBING SIZE	after recovery of total volu	ame of load oil		EN of Prop allow	
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District Superintendent (Title)

Nov. 2, 1966

(Date)

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.