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	GAS	1
OPERATOR		✓
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

ILLEGIBLE

Operator		MORACE F. MORAY, Jr.
Address		P.O. Box 14738, (5900 Tramway Blvd. N.E.), Albuquerque, New Mexico 87111
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well	<input type="checkbox"/>	Change in Transporter of:
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner: McKay, Payne and Zachry - P.O. Box 14738, Albuquerque, N. M. 87111

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
OTEGROVE	1	Aztec Pictured Cliff	XXXXXXX of Fee	-
Location				
Unit Letter	P	750 Feet From The East Line and	750 Feet From The South	
Line of Section	2	Township	30N	Range
			12E	N.M.P.M.
				San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Gas Company	El Paso, Texas	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Pge.
	Is gas actually connected? When	

If this production is commingled with that from any other lease or pool, give commingling order number

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X						
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
June 6, 1956	June 14, 1956	2260	--					
Elevations (DF, RKB, PI, GR, etc.)	Name of Producing Formation	Perfor. Gas Pay	Tubing Depth					
5717	Pictured Cliff	2066-2100	2072					
Perforations						Depth Casing Shoe		
2072 to 2064						2100		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET					

V. 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 (Shot-in)	Casing Pressure (Shot-in)	Choke Size

VI. 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.

Morace F. Moray, Jr.  
(Signature)  
Operator  
(Title)  
September 20, 1975  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signature of \_\_\_\_\_  
TITLE \_\_\_\_\_

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.

NEW MEXICO OIL CONSERVATION COMMISSION

Well Location and Acreage Dedication Plat

Section A.

Date 6-5-58

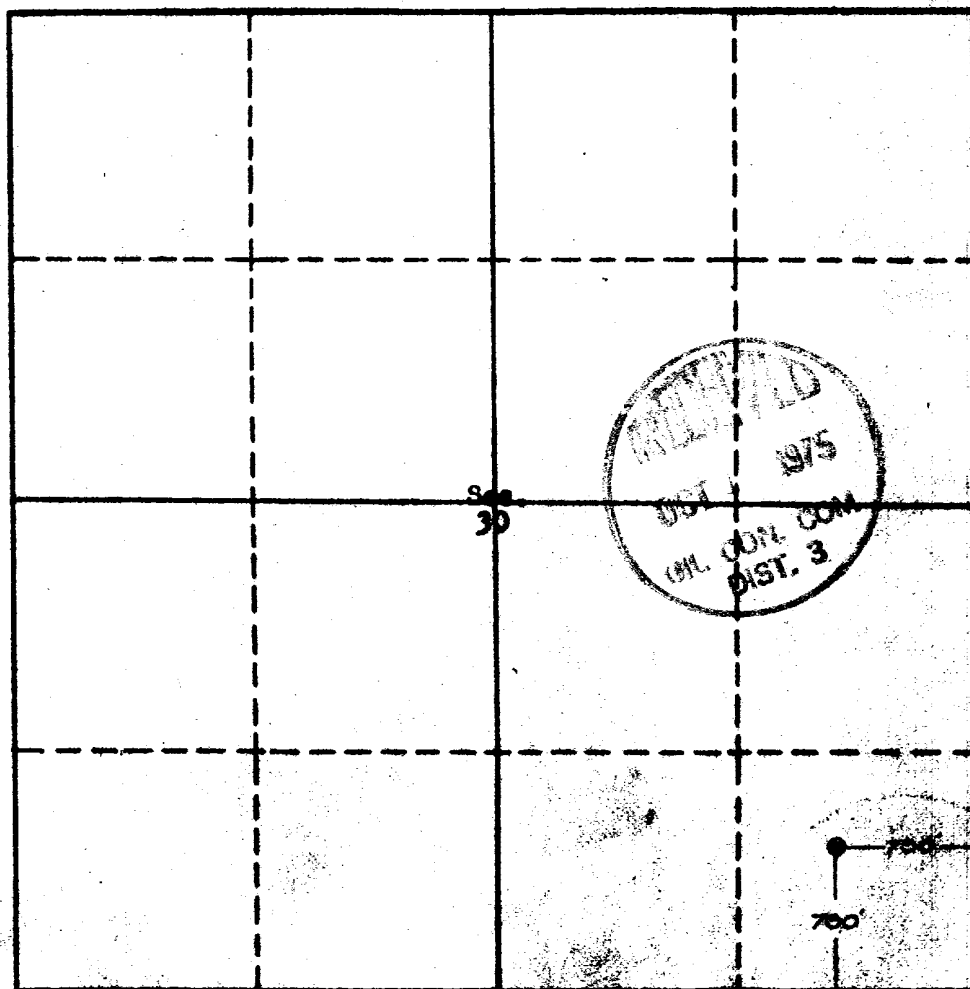
Operator McKay-Payne-Zachary Lease UPTEGROVE #1  
Well No. 1 Unit Letter P Section 2 Township 30 North Range 12 West NMPN  
Located 790 Feet From South Line, 790 Feet From East Line  
County San Juan G. L. Elevation 5715 Dedicated Acreage 1.60 Acres  
Name of Producing Formation PICTURED CLIFFS Pool AZTEC

1. Is the Operator the only owner\* in the dedicated acreage outlined on the plat below?  
Yes No ☒ Yes
2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? Yes No If answer is "yes,"  
Type of Consolidation COMMUNITIZATION
3. If the answer to question two is "no," list all the owners and their respective interests below:

Owner

Land Description

Section B



This is to certify that the information in Section A above is true and complete to the best of my knowledge and belief.

McKay Payne, Zachary  
(Operator)

(Representative)

BOO WEMA WINDA  
Address

This is to certify that the well location shown on the plat in Section A was obtained from field notes or other surveys made by me or under my supervision and that the same is true to the best of my knowledge and belief.

Date Surveyed June 3, 1958

Ernest V. Echhawk  
Ernest V. Echhawk  
Registered Land Surveyor.

Certificate No. 1545