

Transporter Correction

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

I. Operator Aztec Oil & Gas Company

Address P. O. Drawer 570, Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Nye</u>	Well No. <u>15</u>	Pool Name, Including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee	Lease No. <u>SF-078198</u>
Location Unit Letter <u>A</u> ; <u>825'</u> Feet From The <u>North</u> Line and <u>825'</u> Feet From The <u>East</u>				
Line of Section <u>25</u> Township <u>30N</u> Range <u>11W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Plateau</u>	<u>Box 108, Farmington, New Mexico</u>
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)
<u>Southern Union Gathering Co.</u>	<u>Box 398, Bloomfield, New Mexico</u>
If well produces oil or liquids, give location of tanks.	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'v.	Diff. Res'v.
		X	X					
Date Spudded <u>6-30-72</u>	Date Compl. Ready to Prod. <u>7-23-72</u>	Total Depth <u>7250</u>		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) <u>6128</u>	Name of Producing Formation <u>Basin Dakota</u>	Top Oil/Gas Pay		Tubing Depth <u>7079</u>				
Perforations <u>7050-84, 7174-84</u>				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>12-1/4"</u>	<u>8-5/8"</u>	<u>305</u>		Circulate				
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>7250</u>		<u>1st stage 285 sxs</u>				
				<u>2nd stage 330 sxs 5145*</u>				
				<u>3rd stage 350 sxs 2721*</u>				

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 <u>6102</u>	Length of Test <u>3 hrs</u>	Bbls. Condensate/MCF <u>DIST. 3</u>	Gravity of Condensate <u>DIST. 3</u>
Testing Method (pitot, back pr.) <u>Back Pressure</u>	Tubing Pressure (shut-in) <u>2016</u>	Casing Pressure (shut-in) <u>2016</u>	Choke Size <u>3/4</u>

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.

Joe E. Salmon
(Signature)

District Superintendent

(Title)

July 24, 1972

(Date)

OIL CONSERVATION COMMISSION

AUG 29 1972

APPROVED _____, 19 _____

BY Original Signed by Emery O. Arnold

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