

NO. OF COPIES RECEIVED		7
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		3
PRODUCTION 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

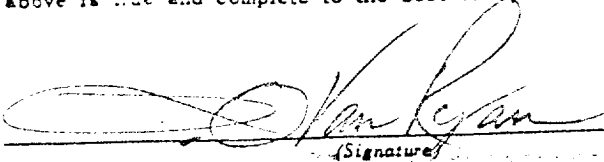
Operator	
Address P. O. Drawer 570, Farmington, New Mexico 87401	
Reasons for filing (Check proper box)	
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
Other (Please explain)	
If change give name Aztec Oil & Gas Company, P. O. Drawer 570, Farmington, New Mexico 87401	
and address of previous owner	

I. DESCRIPTION OF WELL AND LEASE				
Lease Name Burnt Mesa	Well No. #1	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. NM-2996
Location				
Unit Letter K	1840	Feet From The South	Line and 1840	Feet From The West
Line of Section 25	Township 32 North	Range 7 West	NMPM,	San Juan County

II. 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)
Northwest Pipeline Corporation	P. O. Box 90, Farmington, New Mexico 87401
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:	

V. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Some Restr. C.M. Restr.
Date Spudded	Date Compl. Ready to Prod. Total Depth P.B.T.D.

VI. 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 trap volume able for this depth or be for full 24 hours)	
Producing Method (Flow pump, etc.)	Flow Rate
Length of Test	Tubing Pressure Casing Pressure
Actual Prod. During Test	Oil - Bbls. Water - Bbls.
GAS WELL	
Actual Prod. Test - MCF/D	Length of Test
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in) Casing Pressure (shut-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.	
	
District	(Title)
	(Date)
OIL CONSERVATION COMMISSION JAN 12 1978 APPROVED _____, 19____ BY Original Signed by A. R. Kondrich 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	