ſ	NO. OF COPIES RECEIVED				
t	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMI	SSION	Form C-104
ŀ	SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C			Supersedes Old C-104 and C-11
ı	FILE /		AND		Effective 1-1-65
Ì	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND N	ATURAL G	SAS
Ì	LAND OFFICE				
	TRANSPORTER OIL /				
	GAS /				
ı	OPERATOR /				
.	PRORATION OFFICE				
-	Operator				
	Aztec Oil & Gas Company				
	Address				
	P. O. Drawer 570, Farmington, New Mexico 87401				
	Reason(s) for filing (Check proper box)  Other (Please explain)				
	New We!l X Change in Transporter of:				
	Recompletion	Oil Dry G	<b>=</b>		
	Change in Ownership	Casinghead Gas Conde	nsate		
	If change of ownership give name and address of previous owner				
		FACE			
!!.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F	Formation	Kind of Lease	<del>-</del> -
	Reese Mesa	#3 Blanco Mes	saverde	State, Federa	NM-6892
	Location				
	To the second se				
	Unit Letter				
	Line of Section 13 Township 32 North Range 8 West , NMPM, San Juan County				
	Line of Section 13 Township 32 NOTTH Hange o West , NMPM,				
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
	Name of Authorized Transporter of Oil or Condensate A Address				ved copy of this form is to be sent)
	Plateau, Inc.		Box 108, Farm	ington, N	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 Co		501 Airport D	rive, Far	rmington, New Mexico 8740
	<del></del>	Unit Sec. Twp. Rge.	ls gas actually connecte		
	If well produces oil or liquids, give location of tanks.		Yes		
		h that from any other lease or pool	give commingling order	number:	
	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA				
		Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same Res'v. Diff. Res'v.
	Designate Type of Completion	$\mathbf{n} - (\mathbf{X})$	, X		<u> </u>
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.
	6-17-73	7-20-73	8100'		80281
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth
	6487 GR	Mesaverde	5694'		5717'
	Perforations				Depth Casing Shoe
	5694-5740, 4 SPF				
	000, 01.01	TUBING, CASING, AN	ID CEMENTING RECOR	D	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEMENT
	12-1/4"	9-5/8"		308'	300 Sacks
	8-3/4"	7"		5930 <b>'</b>	234 Sacks
	6-1/4"	4-1/2"	Top 5844'-Botto	m 8094'	215 Sacks
		1-1/2"	<u> </u>	5717 <b>'</b>	<u>i</u>
v	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow				
▼.	OIL WELL	iepth or be for full 24 hours	)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flou	, pump, gas li	Ji, 616.)
			10-1-5		Choke Size
	Length of Test Tubing Pressure		Casing Pressure		
			Water Shire		Gga - M&F
	Actual Prod. During Test	On-Bbls.	Water - Bbls.		1.8 6 9.1
					11000
	CAS WELL				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F	Gravity of Condensate
	1922	3 Hours			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size
	Back Pressure	1000	1000	-	3/4"
_			011 /	CONSERVA	ATION COMMISSION
VI.	CERTIFICATE OF COMPLIANCE		l OIL '		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED		FEB 1 8 1974
	I hereby certify that the rules and	n	. 5 3	Wmary C. Arnold	

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

District Superintendent

February 13.

(Title) 1975

1974 By Original Signed by Emery C SUPERVISOR DIST. #3 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.