DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE Supersedes Old C-101 and C-116 REQUEST FOR ALLOWABLE FILE Effective 1-1-65 U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS 3 **OPERATOR** PRORATION OFFICE Aztec Oil & Gas Company 2000 First National Bank Bldg., Dallas, Texas 75201 Recson(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership XX Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ Acoma Oil Corporation, Hamm Bldg, St. Paul, Minnesota 55102 II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease State, Federal or Fee Sarah M. Hedges Blanco Mesaverde Location South ine and 1700 1130 East Unit Letter Feet From The Feet From The 12W San Juan Line of Section Township Range , NMPM,

or Condensate

If well produces oil or liquids, give location of tanks.	I	23	31N	12W	Yes		1 I	9-25-53			
If this production is commingled COMPLETION DATA	with that fr			e or pool,	give commi	ngling order	number:				
Designate Type of Comple	tion - (X)	O11 V	/ell G	Sas Well X	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff: Res'v.	
Date Spudded	Date Co	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
10-23-52		12-26-52				5230			-		
Pool	Name of	Name of Producing Formation				Top Oll/Gas Pay			Tubing Depth 4921		
Blanco Mesaverde		Mesaverde				4872					
Perforations 4872-14930, 141420-1478									Depth Casing Shoo 4985 .		
		TUB	ING, CAS	ING, ANI	CEMENTI	NG RECOR	D		*		
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
		10-3/4				192			100		
		7"				4799			200		
		5"				4760-4985			75		
		2-1/2				4921			-		

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 allowable for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Actual Prod. During Test Oil-Bbls. Water - Bbls. GAS.WELL OIL CON, COM Actual Prod. Test-MCF/D Length of Test Bbls. Condens ravity of Condensate MMDIST. 3 Testing Method (pitot, back pr.) Tubing Pressure Casina Pressure Choke Size

APPROVED_

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.

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas X

Name of Authorized Transporter of Oil

El Paso Natural Gas Company

New Mexico Tankers

IV

(Signature

(Title)

(Date)

District Superintendent

July 3, 1968

L. M. Stevens

Address (Give address to which approved copy of this form is to be sent) P.O. Box 2151, Farmington, New Mexico

Address (Give address to which approved copy of this form is to be sent)

Box 1492, El Paso, Texas

BY Original Signed by Emery C. Arnold

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.

SUPERVISOR DIST. #3

OIL CONSERVATION COMMISSION

JUL 9 1968

Fee

County

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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.

