NO. OF COPIES RECE	5			
DISTRIBUTIO				
SANTA FE	1			
FILE	1	-		
U.S.G.S.	Ľ	<u> </u>		
LAND OFFICE				
TRANSPORTER	OIL	/		
	GAS	1		
OPERATOR	1			
PRORATION OF	'	1		

Form C-104

-	SANTA FE	1	-	REQUE:			OWABLE	201011	Supersedes Old Effective 1-1-65	C-104 and C-110	
-	FILE	7	3	AND						•	
	U.S.G.S.			AUTHORIZATION TO T	rans	PORT	OIL AND N	ATURAL GAS	5		
	LAND OFFICE	-,-									
	TRANSPORTER GAS	/									
	OPERATOR	/									
1.	PRORATION OFFICE										
	Aztec Oil & Gas	Cor	mpar	ny							
	Draver 570. Farmington. New Mexico										
	Reason(s) for filing (Check pro	oper	box)	Change in Transporter of:						İ	
	Recompletion			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ry Gas ondensa						
	Change in Ownership			Casinghead Gas Ca	ondensd	18 M				J	
1	If change of ownership give and address of previous own	naπ ner_	ie					· · · · · · · · · · · · · · · · · · ·			
II.	DESCRIPTION OF WELL	L A	ND I	Well No. Pool Name, Include	ing Form	nation		Kind of Lease		Lease No.	
	Lease Name Culpepper-Martin	n		#14 Blanco Mes				State, Federal	or Fee Fee	J	
	Location /	· · · · ·	99	0 Feet From The North	Line	and g	90	Feet From Th	East		
	Unit Letter A	· i	331	O Peet From The				· · · ·		County	
	Line of Section 32		Tow	vnship <u>32 North</u> Range	. 12		, NMPN	. West	•		
HI.	DESIGNATION OF TRA	NSP	or7	TER OF OIL AND NATURAL	L GAS	Address	Give address	to which approve	ed copy of this form is	to be sent)	
	Or Condensate W										
	Plateau Name of Authorized Transporter of Casinghead Gas or Dry Gas					Box 108 Farmington New Mexico Address (Give address to which approved copy of this form is to be sent)					
						Box 398, Bloomfield, New Mexico Is gas actually connected? When					
	If well produces oil or liquids, give location of tanks.										
	If this production is commi	ingle	ed wi	th that from any other lease or	pool, g	ive com	mingling ord	er number:			
IV.	COMPLETION DATA		1-41	Oil Well Gas V	Well	New Wel	Workover	Deepen	Plug Back Same Ro	es'v. Diff. Res'v.	
	Designate Type of C	omp	oletic	Date Compl. Ready to Prod.		Total De	pth		P.B.T.D.		
	Date Spaced					To			Tubing Depth		
	Elevations (DF, RKB, RT, C	GR, e	tc.j	Name of Producing Formation		Top Oil,	/Gas Pay				
	Perforations								Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD										
	HOLE SIZE			CASING & TUBING SIZ			DEPTH	SET	SACKS C	EMENT	
	the standard and must be equal to or exceed top									or exceed top allo	
V	. TEST DATA AND REC	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 alle able for this depth or be for full 24 hours)									
	OII. WELL Date First New Oil Run To Tanks Date of Test						Producing Method (Flow, pump, gas lift, etc.)				
	Length of Test Tubing Pressure		Tubing Pressure		Casing Pressure			Choke S			
	Actual Prod. During Test	Oil-Bbis. Water-B				Bbls.		Gde-MCF-			
	Actual Float Dalling 199							2 22 23			
	CACWELL								\01. (1.1)		
	GAS WELL Actual Prod. Test-MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condens	idio.	
	Testing Method (pitot, bac	ck pr	.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size		
_	THE OF TOWN IANGE						OIL CONSERVATION COMMISSION				
V		CERTIFICATE OF COMPLIANCE				A 25	BOVED		APR 1 1	969 19	
	I hereby certify that the rules and regulations of the Oil Conserve Commission have been complied with and that the information gabove is true and complete to the best of my knowledge and be					11	APPROVED APR 1 1969 19 Original Signed by Emery C. Arnold				
						TITLESUPERVISOR DIST. #5					
				1		TIT			compliance with R		
	Ou O	7	18	(Menon)			Into in a	request for alle	owable for a newly (irilled or deeper	

well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 111. (Signature) All sections of this form must be filled out completely for allow able on new and recompleted wells. District Superintendent (This) Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of condition March 30, 1970 (Date) Separate Forms C-104 must be filed for each pool in multiple completed wells.