NO. OF COPIES REC	K		
DISTRIBUTION			
SANTA FE	1		
FILE	1		
U.S.G.S.	1		
LAND OFFICE			
TRANSPORTER	OIL	7	
	GAS	7	
OPERATOR	1		
PRORATION OF			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104

XEDE

	FILE		1			WE WOE'S!	AND Supersedes Old C-104 and Effective 1-1-65					104 and C-110		
	U.S.G.S.		<u> </u>		AUTHORIZATIO		TOIL AND	NATURAL	CAS					
	LAND OFFICE	1	1						TOTAL	0 ,000				
	TRANSPORTER	GAS	1-											
	OPERATOR	GAS	1						*					
	PRORATION OF	FICE	 	\vdash										
1.	Operator		J	LL										
	Aztec O	il and	l Ga	s										
	Address													
	Drawer 570, Farmington, New Mexico													
	Reason(s) for filing	roper	box)			Other (Please explain)								
	New Well	X			Change in Transporte	er of:								
	Recompletion	H			Oii 📗	Dry G	as 🔲							
	Change in Ownersh	ip		·	Casinghead Gas	Conde	nsate							
	If change of owner	shio giv	e nan	ie										
	and address of pre	vious ow	ner _				····							
YX	DESCRIPTION OF WELL AND LEASE													
**.	Lease Name	OF WEL	L A	ND L	Well No. Pool Name	. Including F	ormation		I Vand of I am					
	Hubbard			•	Name of Loudo					Lease No.				
	Location				12 Blanc	o Mesave	erde		Oldie, Federa	I Of Fee	<u> </u>	3312		
	Unit Letter	M	, (990	Feet From The SO	nith	3	990		** .	•			
			'			CA GII LI	ie and	990	Feet From	The West				
	Line of Section	11		Town	ship 32N	Range	12	W , NMP	M. San	Tues		County		
_									Dan .	JUHN	······································	County		
III.	Name of Authorized	OF TRA	NSP	ORTI	ER OF OIL AND NAT	TURAL GA	ls							
	i			_		Δ	1		to which approx			- 1		
	'Name of Authorized	LCO Ta	nkei	cs t	o Plateau		Box 2151, Farmington, New Mexico Address (Give address to which approved copy of this form is to			co	į			
	Southern					Gas 🏋						sent)		
					ring Unit Sec. Twp.	IB	Box	<u>398, Blo</u>	omfield,		0			
	If well produces oil give location of tan		8,	1	omt Sec. Twp.	Rge.	is gas ac	tually connec	ted? Whe	en				
				 -			J	no						
IV.	COMPLETION D	ATA	ngled	with	that from any other lea	se or pool,	give comm	ningling ord	er number:					
					Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	D## B - 4-1		
	Designate Ty	pe of C	ompl	etion	- (X)	X	-	1	X	I ray Duck	Scille Res-V.	DIII. Reave.		
	Date Spudded			1	Date Compl. Ready to Pro		Total De	oth		P.B.T.D.	<u>-</u> -	· ·		
	6/27/6			[8/4/67		.	7469			08	İ		
		Elevations (DF, RKB, RT, GR, etc.)			Name of Producing Format	Top Oil/			7408 Tubing Depth					
	6136 Gr				Mesaverde	4988		7200						
	Perforations									Depth Casing Shoe				
4988-5006, 5034-37, 5076-83, 2 SPF										746	59			
	HOLE CITE					CEMENTING RECORD								
	13-1/4				CASING & TUBING SIZE		DEPTH SET		SET	SACKS CEMENT				
		7/8			9 - 5/8 5 - 1/2			173!			75 sx			
		3/4	~	-+	3 - 1/2			47001			250 sx			
		5/ 4		1-1/2			 	74691		125 sx				
v.	TEST DATA AN	D DEOI	IEST	FOI				7200		<u> </u>				
٠.	OIL WELL	DWEGG	JEG I	FOI	ab.	st must be a le for this de	fter recover pth or be fo	y of total vol or full 24 how	ume of load oil (and must be equ	ual to or excee	d top allow•		
	Date First New Oil Run To Tanks Date of Test						Producing Method (Flow, pump, gas lift, etc.)							
									•					
	Length of Test			7	Tubing Pressure	Casing Pressure			Choke Size					
											6			
,	Actual Prod. During	Test		ľ	Oil-Bble.		Water - Bb	la.		Gas-MCF	14 63	11/1		
1								·						
	GAS WELL													
١	Actual Prod. Test-MCF/D Length of Test						Bbls. Condensate/MMCF			To	- 10-	<u></u>		
	2712	•			-		Date. Co.	Marra dra's MIMIC	. F	Gravity of Co	4	COM		
	Testing Method (pit	ot, back ;	or.)	7	3 hr Tubing Pressure (Shut-1)	n)	Casina Pi	ressure (Shw	t=4m1	Choke Size				
	back pr	ressur	е		1197	- ,		792		Chore Size	3/4"	. 1 /		
VI.	CERTIFICATE (ANCE										
	OLD IN TOME OF COME LIANCE							OIL	CONSERVA	TION COM	MISSION			
	I hereby certify the	hereby certify that the rules and regulations of the Oil Conservation						OVED	OCT 2	4 1967	. 19			
	Commission have been complied with and that the information given													
	above is true and complete to the best of my knowledge and belief.													
								TITLE SUPERVISOR DIST. #5						
	(h. a delman)						This form is to be filed in compliance with RULE 1104.							
-	(Signature)						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							
		District Superintendent						ken on the	well in accompan	dence with A	ULE 111.			
•		(Title)					All sections of this form must be filled out completely for allow-							
		October 23, 1967					able on new and recompleted wells. Fill out only Sections I. II, III, and VI for changes of owner,							
				(Date			well na	me or number	er, or transport	er, or other su	ch change of	condition.		
- تزجيم					and the		Se	parate Form	s C-104 must	be filed for	each pool i	n multiply		
RO	,				14 N		II cumuşei	ed wells.	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			XED		

FRO