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LAND OFFICE				
TRANSPORTER	OIL	7		
TRANSFORTER	GAS	1		
OPERATOR				
PRORATION OFFICE				

	SANTA FE / FILE / V U.S.G.S. LAND OFFICE	REQUEST	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65		
I.	IRANSPORTER OIL / GAS / OPERATOR / PRORATION OFFICE							
	Aztec Oll and Ga	8						
	Address Drawer 570. Farm	ington, New Mexico	10					
	Reason(s) for filing (Check proper box		Other (P	lease explain)				
	New We!l Recompletion	Change in Transporter of: Oil Dry G	as [
	Change in Ownership	Casinghead Gas Conde	=					
	If change of ownership give name and address of previous owner			· · · · · · · · · · · · · · · · · · ·				
II.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.							
	Culpepper Martin	4 Blanco Mesav	erde	State, Federa	l or Fee Fee			
		Feet From The South Lin		Feet From 1	The West			
	Line of Section 28 Tox	wnship 32 Fange	12 , _N	MPM, San	Juan	County		
III.	DESIGNATION OF TRANSPORT			ress to which appro	ed copy of this form is t	to be sent)		
	New Mexico Tanker		Box 2151,	Farmington	New Mexico			
	'Name of Authorized Transporter of Cas Southern Union Ge			Address (Give address to which approve Box 398, Bloomfield,				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually con					
IV.	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling	order number:				
	Designate Type of Completic		New Well Worko	ver Deepen	Plug Back Same Res	s'v. Diff. Res'v.		
	Date Spudded 8/17/66	Date Compl. Ready to Prod. 9/11/66	Total Depth 7140		P.B.T.D. 7110			
	Elevations (DF, RKB, RT, GR, etc.) 5999 DF	Name of Producing Formation Messverde	Top Oil/Gas Pay		Tubing Depth 6850			
	Perforations 4724-38, 4744-68, 4776-87, 4799-4806, 4815-19, 4844-48 7140							
	TUBING, CASING, AN HOLE SIZE CASING & TUBING SIZE		D CEMENTING RECORD DEPTH SET		SACKS CEMENT			
	7*	43		140	275			
		15	6	850				
1 7	TOOM DATE AND DECLICE EA	OD ALLOWARIE (C	4 4 4					
٧.	TEST DATA AND REQUEST FO	able for this de	fter recovery of total pth or be for full 24	hours)	Zaki Pili	xcood top allow-		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li		W. ack KTOTIATO			
	Length of Test	Tubing Pressure	Casing Pressure		1 0010-)66		
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.		CON. DIST.	3		
	GAS WELL		•					
	Actual Prod. Test-MCF/D 6319	Length of Test	Bbls. Condensate/	MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	3 hr Tubing Pressure (shut-in)	Casing Pressure (S	hut-in)	Choke Size			
W/W	back pressure		744	L CONCEDUA	3/4			
VI.	CERTIFICATE OF COMPLIANO	JE.	OIL CONSERVATION COMMISSION OCT 3 1 1966					
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.			APPROVED					
			By Original Signed by Emery C. Arnold					
			TITLE SUPERVISOR DIST. #3					
	ORIGINAL SIGNED BY J	CRIGINAL SIGNED BY JOE C. SALMON		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened				
	(Signa	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.						
•	District Sup		All section	s of this form mus	t be filled out comple			
	0et. 27, 19	6 6	Fill out on		III, and VI for chan			
	(Da	(e)	werr ususe or un:	moer, or dansport	en or other such chang	- o. condition.		

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.