NO. OF COPIES RECEIVED			7	
DISTRIBUTIO				
SANTA FE	1			
FILE			_	
v.s.gis.				
LAND OFFICE				
IRANSPORTER	OIL	1		
TAKASI OILI EIL	GAS	1		
OPERATOR	3			
PRORATION OF				
Operator South	land	Ω<	ya.	1
Address P. O. Drav	wer 5	70,	Fai	1
Redson(s) for filing New Well Recompletion Change in Ownershi		roper	lox)	
If change and address of prev		e nar		
DESCRIPTION C	F WEL	<u>AL A</u>	ND I	

SANTA FE	/		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
FILE	4+	11 TO TO TO	AND Ansport oil a <mark>nd natural G</mark>	
U.S.GIS.		AUTHORIZATION TO TRA	ANDEOR FOIL AND NATURAL O	A V
TRANSPORTER OIL				
OPERATOR PRORATION OFFICE	3			
Operator Fourthland	Reyalt	y Concany		
Address		ngton, New Mexico 87	7401	
Reason(s) for Hing (Check pro	oper box)		Other (Please explain)	
New Well Recompletion		Change in Transporter of: Oil Dry G	as Hanc chang	e ·
Charge in Ownership		Casinghead Gas Conde		
If change give and address of previous own	name Az ner	tec Oil & Gas Company	y, P. O. Drawer 570, Farm	nington, New Mexico 8740
DESCRIPTION OF WELL	LAND LEA	Well No. Pool Name, Including F	Formation Kind of Lease	Lease No.
Lease Name Moore		#1 Blanco Me:		or Fee Federal SF-078146
Location / H	. 1650	The North	ine and 990 Feet From T	_{The} East
Unit Letter / H		32 North -	10 N . 4	San Juan County
Line of Section	Townsh	ip 32 NOTTH Range	12 West , NMPM,	our our
DESIGNATION OF TRA! Name of Authorized Transpor	VSPORTER	or Condensate X	AS Address (Give address to which approx	ved copy of this form is to be sent)
Plateau, Inc.			P. O. Box 108, Farming	ton, New Mexico 87401
Name of Authorized Transpor			Address (Give address to which approx Fidelity Union Tower, 1	
Southern Union	Lin		Is gas actually connected? Who	
If well produces oil or liquids give location of tanks.		1 1		
If this production is commit COMPLETION DATA	ngled with ti		, give commingling order number:	¹ Plug Back ¹ Same Res'v. Diff. Res'v.
Designate Type of Co	ompletion -	- (X) Gas Well	New Well Workover Deepen	Plug Back Same Heavy
Date Spudded		nte Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, G	P etc No	ame of Producing Formation	Top Oil/Gas Pay	Tubing Depth
		. — — market merekanisa kanada merekanisa kenada merekanisa kenada kenada kenada kenada kenada kenada kenada k		en e
en e				
ROLE SIZE		CAS:NG a 705:NG 512E	V 14	
TEST DATA AND REQ	UEST FOR	ALLOWABLE (Test must be	after recovery of total volume of load oil depth or be for full 24 hours)	and must be equal to or exceed top allow
OH WELL Date First New Oil Run To		able for this	Producing Method (Flow, pump, gas i	
			Casing Preseure	-Cheko Size
Length of Test	Ī	ubing Pressure		
Actual Prod. During Test	C	el-Bbis.	Water-Bbls.	Gas-MCF
1			OIL COM (
GAS WELL			Bbls. Condensate/MACF DIS	Grayity of Condensate
Actual Prod. Test-MCF/D		ength of Test		
Testing Method (pitot, back	pr.) T	ubing Pressure (Ehut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF CO	MPLIANCE	<u> </u>	OIL CONSERV	ATION COMMISSION
I hamby consists that the r	wies and rec	rulations of the Oil Conservation	APPROVED JAN	<u>7 13/8</u> , 19
Cammaran base been c	omplied wit	h and that the information give best of my knowledge and belie	f. SY Original Sig	gned by A. R. Kendrick
•		· /)	TITLE SUPERVI	SOR DIST. #3
	~ W	1//	This form is to be filed in	compliance with RULE 1104.
	Man	10/ax	I I AND A COMM MUSE DE ECCOMO	wable for a newly drilled or deepene anied by a tabulation of the deviation
Distric	(Signati	rej()	tests taken on the well in acc	ordance with RULE 111. oust be filled out completely for allow
	Tule)	able on new and recompleted t	wells.
<u> </u>	(Date)	well name or number, or transpo	II. III, and VI for changes of owner order, or other such change of condition

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.

,		,			1
-	DISTRIBUTION	NEW VENUCO OF CO		CION	D
-	SANTA FE /	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C-110
	FILE /		AND		Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NA	TURAL GAS	
-	LAND OFFICE OIL				
	TRANSPORTER GAS				
	OFERATOR 3				
ž.	PROPATION OFFICE				
	Operator SouthLand hoya	1ty Corpaby			
	Address				
	P. O. Drawer 570, Far	mington, New Mexico 874	101		
	Reason(s) for filing (Check proper box)		Other (Please e.	zplain)	
	New Well Recompletion	Change in Transporter of: Oil Dry Gas	i	change	
	Change in Ownership	Casinghead Gas Condens			
!			D 0 D	70 Famming	ton New Merico 87401
	If change give name and address of previous owner	Aztec Oil & Gas Company	, P. O. Drawer 5	70, Farming	ton, New Mexico 87411
ii.	DESCRIPTION OF WELL AND I	Vell No. Pocl Name, Including Fo	ormation K	ind of Lease	Lease No.
	Moore	#1 Basin Dakot	اء	tate, Federal or Fe	Federal SF-078146
	Location				
	Unit Letter 'H : 165	O Feet From The North Line	e and <u>990</u>	Feet From The	
	Line of Section 35 Tow	mship 32 North Range	12 West , NMPM,		San Juan County
Ħ.	DESIGNATION OF TRANSPORT	or Condensate	S Accress (Give address to	which approved co	py of this form is to be sent)
	Name of Authorized Transporter of Oil Plateau, Inc.	Or consensate M	P. O. Box 108,	Farmington,	New Mexico 87401
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 🔀	Address (Give address to	which approved co	py of this form is to be sent)
	Southern Union Gather	ring			as, Texas 75201
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected	? When	
	give location of tanks.		-incommission order	···mher:	
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	Bive communitying civici i		
• •	Designate Type of Completio	Cil Well Gas Well	New Well Worksver	Deepen Plu	g Back Same Resty. Diff. Resty.
		Date Compl. Ready to Prod.	Total Depth	P.8	T.T.D.
	Date Spudded	Bate Gempi. Management			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tub	ing Depth
					ه پستونی: مهران در رود ارود
	A DESCRIPTION OF STATES				
		and the second of the second o			
	-010 0:2E	CARRELL CONCERNS			Market Company of the
٧.	TEST DATA AND REQUEST FO	OR ALLOWAELE (Test must be a)	fter recovery of total volume opth or be for full 24 hours)	e of load oil and m	sust be equal to or exceed top allow-
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,		.)
	Dele First New On Han 10 1 amp			The state of the s	
	Langth of Test	Tubing Pressure	Casing Pressure	C	Siz•
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Ga JAN J. 2. 1978	e-MOF
	GAS WELL		\	L CON. COM - DIST. 3 c.	/
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMOF	Gr	nytty of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-	in) Ch	oke Size
	Learning the troop (parots amon but)				
VΙ	CERTIFICATE OF COMPLIAN	CERTIFICATE OF COMPLIANCE		ONSERVATIO	N COMMISSION
-			APPROVED	Part 2 19	/じ , 19
	I hereby certify that the rules and Commission have been complied	Orie		by A. R. Kendrick	
	shove is true and complete to the	BY UITE	SUPERVISOR		

(Signature)

(Title)

(Date)

Dis

1-1-70

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.

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.