NO. OF COPIES RECE	IVED	5				
DISTRIBUTIO	N			NEW ME	XICO OIL CO	NSERVA
SANTA FE .	1		/		REQUEST F	
FILE						AND
U.S.G.S.			AUTH	ORIZATIO	ON TO TRAN	ISPORT
LAND OFFICE						
TRANSPORTER	GAS					
OPERATOR		-				
PRORATION OFF	ICE	ll_				
Aztec Oil	& Gas Co	mpan	у			1
Drawer 570	. Farmir	ngton	. New N	lexico		
Reason(s) for filing (Check prope	box)	<u></u>			
New Well			Change	in Transport	er of:	
Recompletion			Oil		Dry Gas	<u>Ц</u> !
Change in Ownership			Casing	ead Gas	Condens	ate XX
If change of owners and address of prev. DESCRIPTION Of Lease Name Middle Can Location	ious owner F WELL A	 *	EASE Well No.	ľ	e, Including Fo	
Unit Letter K	·	160	00 Feet F	rom The S	outh Line	and 25
Line of Section	14	Town	ship 32	North	Range 15	West
DESIGNATION O	E TRANSI	PORT	ER OF OI	I. AND NA	TURAL GAS	s
Name of Authorized	Transporter	of Oil (Ot Ot	Condensate	[30	Address
Plateau						ļ
Name of Authorized	Transporter	of Casi	nghead Gas	or Dry	y Gas 🗀	Address
If well produces oil give location of tank			<u>_</u>	ec. Twp		ls gas a
If this production is COMPLETION D		ed with	that from			
Designate Typ	pe of Comp	pletion	a = (X)	Oil Well	Gas Well	New Well
Date Spudded			Date Compl	. Ready to P	rod.	Total De
Elevations (DF, RK)	B, RT, GR, e	tc.j	Name of Pr	oducing Form	nation	Top Oil/
Perforations						<u> </u>
					CASING, AND	CEMEN
HOLE	SIZE		CASI	NG & TUBI	NG SIZE	
						
						
						 -
			D AT T OT	VADIE /	Test must be a	· · · · · · · · · · · · · · · · · · ·
. TEST DATA AN	D KEQUE	91 FC	K ALLU\	TABLE (Test must be a able for this de	pth or be
Date First New Oil	Run To Tan	(3	Date of Te			Producti
Length of Test			Tubing Pre	988W0		Casing
Actual Prod. During	Test		Oil-Bbls.			Water - E
CAS WELL						
GAS WELL Actual Prod. Test-	MCF/D		Length of	Test		Bbls. C
Testing Method (pi	tot, back pr.	,	Tubing Pre	sewe (Shut	;-in)	Casing
I. CERTIFICATE	OF CÓMP	LIANO	L			
I hereby certify th Commission have above is true and	at the rule	s and r	egulations	at the info	rmation given	APPI BY_
RDOAG 12 (L/16 BUC	Complete					!!
						I) TITL

District Superintendent

(Title)

(Date)

March 31, 1970

NO. OF COPIES RECEIVED			·		
DISTRIBUTION SANTA FE . /	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C				
FILE	REQUEST F	AND	Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TRAP		IRAL GAS		
LAND OFFICE	A CHIONIZATION TO THE				
TRANSPORTER OIL					
GAS					
OPERATOR 2	_				
PRORATION OFFICE Degrator	1	· · · · · · · · · · · · · · · · · · ·			
Aztec Oil & Gas Comp	onw				
Address	<u> </u>	1			
Drawer 570, Farmingto	on. New Mexico				
Reason(s) for filing (Check proper box		Other (Please expl	ain)		
New Well	Change in Transporter of:				
Recompletion	Oil Dry Gas	= '			
Change in Ownership	Casinghead Gas Condens	sate XX			
f change of ownership give name					
and address of previous owner					
DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fo	ormation Kin	d of Lease Lease		
Middle Canyon	#1 Undesignated	Dakota Stat	e, Federal or Fee 14-20-604-5546		
Location					
Unit Letter K; 1	600 Feet From The South Line	e and 2500 F	eet From The West		
Line of Section 14 To	wnship 32 North Range 15	West , NMPM,	San Juan Con		
		_			
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to wh	tich approved copy of this form is to be sent)		
Name of Authorized Transporter of Oil Plateau	or condensate (A	1	mington, New Mexico		
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas		sich approved copy of this form is to be sent)		
Name of Authorized Transporter of Ou					
	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
If well produces oil or liquids, give location of tanks.					
	ith that from any other lease or pool,	give commingling order nur	nber:		
COMPLETION DATA	ith that from any other rease of poor,				
Designate Type of Completi	Oll Well Gas Well	New Well Workover E	Plug Back Same Resiv. Diff.		
Designate Type of Complete		# 1 D 1	P.B.T.D.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.11.D.		
CDC DVD DT CD	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producting Committee	,,			
Perforations		<u> </u>	Depth Casing Shoe		
Periorations					
	TUBING, CASING, AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	fter recovery of total volume (epth or be for full 24 hours)	of load oil and must be equal to or exceed to		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pr	imp, gas lift, etc.)		
Date First New Oil Aun 10 I units	50.00.750		RIVER		
Length of Test	Tubing Pressure	Casing Pressure	Choke Sire		
		,	ADD		
Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas-MCF 71 1 3 19/		
			OIL CON TO		
			DIST. 3		
GAS WELL		Into Control 27/05	Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	This Programs (Short 42)	Casing Pressure (Shut-is	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Adding Liangua Congo, To			
		011 00	NSERVATION COMMISSION		
CERTIFICATE OF COMPLIA	NCE	JIL CO			
		APPROVED	APR 3 19 1970		
Commission have been complied	regulations of the Oil Conservation with and that the information given	Original Sign	ed by Emery C. Arnold		
above is true and complete to t	he best of my knowledge and belief.	BY Crighten Digit	SUPERVISOR DIST. #3		
		TITLE	DUPERVIOUR DIDI, #3		
	0	11	e filed in compliance with RULE 1104.		
() and		If this is a reques	et for allowable for a newly drilled or de		
- Jac Co Sta	enature)		e eccompanied by a tabulation of the Qu		
7 7 1 1 1 1 1	Innerdakandant	tests taken on the we	II in accordance with MULE 111.		

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.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

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