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	u.s.g.s.	AUTHORIZ					
	LAND OFFICE	7,011101(1)					
	011 1						
	TRANSPORTER GAS						
	OPERATOR)						
	PRORATION OFFICE						
I.	Operator						
	Aztec Oil & Ga	s Company					
	Address	1					
	P. O. Drawer 5	70. Farmi					
	Reason () for filing (Check proper box)	,					
	New Well XX	Change in Tro					
	Recompletion	Oil					
	Change in Ownership	Casinghead G					
	Change in Ownership						
	If change of ownership give name						
	and address of previous owner						
II.	DESCRIPTION OF WELL AND I	Well No. Poo					
	Culpepper Martin	7 – A					
	Location						
	Unit Letter I ; 150	O Feet From T					
	28 Town	7 2 N					
	Line of Section ZO Tow	nship 32N					
11.	DESIGNATION OF TRANSPORT	ER OF OIL AN					
	Name of Authorized Transporter of Oil	or Conde					
	Plateau, Inc.						
Name of Authorized Transporter of Casinghead Gas							
	Southern Union Gat	hering					
	If well produces oil or liquids,	Unit Sec.					
	give location of tanks.						
	If this production is commingled with	h that from any of					
v.	COMPLETION DATA	i that hom any o					
		Oil W					
	Designate Type of Completion - (X)						
	Date Spudded	Date Compl. Read					
	5-12-77	5-25					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing					
	6095'	Mesa					
	Perforations	11034					
	, 5,,5,4,5,,5						

June 22, 1977

(Date)

EW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

ZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

	TRANSPORTER OIL GAS OPERATOR /							
1.	PRORATION OFFICE Personnel Properties Proper							
	Aztec Oil & Gas Company							
	P. O. Drawer 570, Farmington, New Mexico Reason(:) for filing (Check proper box) Other (Please explain)							
	New Well XX Change in Transporter of:							
	Recompletion	Oil Dry Ga	s 🔲					
	Change in Ownership	Casinghead Gas Conder	sate []					
	If change of ownership give name and address of previous owner							
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fe	ormation	Kind of Lease)	Lease No.		
	Culpepper Martin 7-A Blanco Mesaverde State, Federal or Fee SF-078146					46		
	Unit Letter I; 15	che East .						
	Line of Section 28 To	wnship 32N Range	12W , NMPM,	San	Juan	County		
Ш.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil Plateau, Inc.	Address (Give address t	cess (Give address to which approved copy of this form is to be sent) O. Box 108, Farmington, New Mexico					
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas X	Address (Give address t	o which approx	ped copy of this form is i	o be sent)		
	Southern Union Ga	thering Unit Sec. Twp. Rge.	P. O. Box 18 Is gas actually connecte			Mexico		
	If well produces oil or liquids, give location of tanks.		no	<u> </u>				
	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order	number:	Plug Back Same Res	ofy Diff Besty		
	Designate Type of Completic		Wew well workover	i Deepen	Frid Back Same Nes	. Din. nes-v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
	5-12-77	5-25-77	5282'		52291 Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 47391		5135 '			
	Perforations	rforations		1773		Depth Casing Shoe 52321		
	4739' - 5147' Po	oint Lookout TUBING CASING AND	CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT			
	13-3/4"	9-5/8"	218'		190 sx			
	8-3/4"	7"	2879'		170 sx			
	6-1/4"	4-1/2"	2703' - 523	21	370 sx	<u>s</u>		
ν.	TEST DATA AND REQUEST F	2-3/8" OR ALLOWABLE (Test must be a	fter recovery of total volume to the for full 24 hours	me of load oil	and must be equal to or	exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks) , pump, gas lij	(t, etc.)					
	Date First New Oil Mun 10 Idaks	Date of Test	1 loadering hiermost 1 load, pampy					
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		Gas-MCF			
-	GAS WELL			المستعملية بعديد الدارية	/" 			
	Actual Pred. Test-MCF/D	Length of Test	Bbla. Condensate/MMCi		Gravity of Condensate			
	10,645 Testing Method (pitot, back pr.)	3 hrs Tubing Pressure (Shut-in)	Casing Pressure (Shut-	-in)	Choke Size			
	Back Pressure	826 psig	819 psig		3/4"			
VI.	CERTIFICATE OF COMPLIAN		OIL CONSERVATION COMMISSION					
			APPROVED 19					
	I hereby certify that the rules and Commission have been complied to though in true and complete to the	By Original Signed by A. R. Kendrick						
	bove is true and complete to the best of my knowledge and belief.		TITLE SUPERVISOR DIES (%)					
r		This form is to be filed in compliance with RULE 1104.						
(Jan Jan	Ky an	If this is a request for allowable for a newly drilled or deepened					
	District Production	tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allow-						
	(1)	ile)	able 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.

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