	TION	1		NEW MEYICO OU CONCERNATION CONTRIBUTION	
SANTA FE		1		NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old	C 104 1 C 11
FILE				AND Effective 1-1-6:	C-104 and C-11
U.S.G.5.		<del>  ``</del>		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
LAND OFFICE		1		ADTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
IRANSPORTER	OIL	T			
	GAS				
OPERATOR		1			
PRORATION C	FFICE	1			
Operator		<b></b>	4		<del></del>
	Aztec (	)il	& Gas	s Company	
Address					
	P. O. I	)rau	er 57	70, Farmington, New Mexico	
Reason(s) for filin				Other (Please explain)	
New Well		oroper	002)	Change in Transporter of:	
Recompletion	H			Oil Dry Gas	
Vecombietton					
Channe in Owner					
Change in Owners	hip			Casinghead Gas Condensate	
<u> </u>		e nar			
Change in Owners  If change of own and address of p	ership giv				
If change of own	ership giv				
If change of own and address of p	ership giv	vner_		Casinghead Gas Condensate	
If change of own and address of p	ership giv	vner_		ASE Well No. Pool Name, Including Formation Kind of Lease	Lease No.
If change of own and address of p	ership giv revious ov	vner_		Casinghead Gas Condensate	Lease No.
If change of own and address of p  DESCRIPTION Legse Name	ership giv revious ov	vner_		ASE  Well No. Pool Name, Including Formation  Kind of Lease	Lease No.
If change of own and address of p  DESCRIPTION Lease Name Day State Location	ership giv revious ov OF WEI	vner_	ND LE.	ASF.   Well No.   Pool Name, Including Formation   Kind of Lease	Lease No.
If change of own and address of p  DESCRIPTION Lease Name Day State	ership giv revious ov OF WEI	vner_		ASF.   Well No.   Pool Name, Including Formation   Kind of Lease	Lease No.
If change of own and address of p  DESCRIPTION Lease Name Day State Location Unit Letter	ership giv revious ov OF WEI	vner_	<b>920</b>	ASE    Well No.   Pool Name, Including Formation   Kind of Lease     #1-A   Blanco Mesa Verde   State, Federal or Fee   State     Feet From The   North   Line and   1020   Feet From The   East	
If change of own and address of p  DESCRIPTION Lease Name Day State Location	ership giv revious ov OF WEI	vner_	ND LE.	ASE   Well No.   Pool Name, Including Formation   Kind of Lease	Lease No.
If change of own and address of p  DESCRIPTION Lease Name Day State Location Unit Letter Line of Section	or WEI	L A	920	ASF   Well No.   Pool Name, Including Formation   Kind of Lease   State, Federal or Fee   State	
If change of own and address of p  DESCRIPTION Lease Name Day State Location Unit Letter Line of Section	oF WEI	L A	920 Townsh	ASE   Well No.   Pool Name, Including Formation   Kind of Lease   State, Federal or Fee   State     Feet From The North Line and 1020   Feet From The East     Manage   11W   NMPM,   San Juan     R OF OIL AND NATURAL GAS	County
If change of own and address of p  DESCRIPTION Lease Name Day State Location Unit Letter Line of Section	oF WEI  A  OF TRA	L A	920 Townsh	ASE   Well No.   Pool Name, Including Formation   Kind of Lease   State, Federal or Fee   State     Feet From The North Line and 1020   Feet From The East     Manage   11W   NMPM,   San Juan     R OF OIL AND NATURAL GAS	County

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X) X Х P.B.T.D. Date Soudded Date Compl. Ready to Prod. Total Depth 2-26-77 4-30-77 5707 5698 Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Tubing Depth Name of Producing Formation 6453' GR Mesa Verde 5667.25 <u>4695</u> Perforations Depth Casing Shoe (N.M.O.C.C.)See Form C-105 57061 TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET SACKS CEMENT HOLE SIZE 9-5/8" 13-3/4 220.40' 190 sxs 7" 8-3/4" 3410' 170 sxs 4-1/2" 6-1/4" 3241'-5706' 31<u>5 sxs</u> 2-3/8" 5667.251 (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Gas Well

No

New Well

P.O. Box 1899, Is gas actually connected?

Workover

Producing Method (Flow, pump, gas lift, etc.)

ByOriginal Signed by A.

TITLE SUPPLIES

Choke Size Casing Pressure Length of Test Tubing Pressure Gas - MCF Water-Bbls. Actual Prod. During Test OII - Bbls. 0.57 **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Length of Test 3 hrs. 3,069 Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) 3/4 738 psig 255 psig Back pressure

VI. CERTIF:CATE OF COMPLIANCE

Date First New Oil Run To Tanks

Southern Union Gathering

If well produces oil or liquids, give location of tanks.

IV. COMPLETION DATA

I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

(Signatury)

District Production Manager

(Date)

May 13, 1977

Date of Test

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.

OIL CONSERVATION COMMISSION

R. Kendrick

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Same Res'v. Diff. Res'v.

THE STATE OF

Bloomfield, New Mexico

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.

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