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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator		Continental Mineral Company	
Address P. O. Drawer 570, Farmington, New Mexico 87401			
Reasons for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	NAME CHANGE	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change give name and address of previous owner Aztec Oil & Gas Company, P. O. Drawer 570, Farmington, New Mexico 87401

DESCRIPTION OF WELL AND LEASE		Lease No.	
Lease Name Decker	Well No. 3	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Fee
Location Unit Letter M 1090 Feet From The South Line and 890 Feet From The West Line of Section 23 Township 32N Range 12W, NMPM, San Juan County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Plateau, Inc.	P. O. Box 108, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Southern Union Gathering	Address (Give address to which approved copy of this form is to be sent) Fidelity Union Tower, Dallas, Texas 75201	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge. is gas actually connected? When

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

COMPLETION DATA		Oil Well		Gas Well		New Well		Workover		Deepen		Plug Back		Same Res'v.		Diff. Res'v.	
Designate Type of Completion - (X)																	
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.											
Name of Producing Formation		Type Oil/Gas Day		Testing Depth													

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL		(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)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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 JAN 10 1965	
(Signature)		BY Original Signed by A. R. Kendrick	
District		TITLE SUPERVISOR DIST. #3	
(Title)			
1-1-76			
(Date)			
		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.	
		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 completed wells.	