

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

I. Operator
AZTEC OIL & GAS COMPANY
Address
P. O. Box 837, Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Request temp. approval for off-lease storage pending approval of formal application dated 1-3-67

If change of ownership give name and address of previous owner

South Corbin - Strawn

UNDESIGNATED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "M"	Well No. 1	Pool Name, Including Formation Wildcat (Strawn)	Kind of Lease State, Federal or Fee Federal	Lease No. 064944
Location Unit Letter L ; 1980 Feet From The South Line and 990 Feet From The West Line of Section 27 Township 18-S Range 33-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.				
Unit E	Sec. 27	Twp. 18	Rge. 33	Is gas actually connected? No When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10/28/66	Date Compl. Ready to Prod. 1/25/67		Total Depth 13,316 (KB)		P.B.T.D. 13,268 (KB)			
Elevations (DF, RKB, RT, GR, etc.) 3805 (KB)	Name of Producing Formation Strawn		Top Oil/Gas Pay 12,254 (KB)		Tubing Depth 12,342 (KB)			
Perforations 12,254-64; 12,292-302; 12,306-316					Depth Casing Shoe 13,315 (KB)			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		354		350			
11	8-5/8		5,109		900			
7-7/8	5-1/2		13,315		1250			
	2-1/16 tbgs.		12,342		None			

V. 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 1/25/67	Date of Test 1/26/67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 1150	Casing Pressure 100	Choke Size 20/64
Actual Prod. During Test 432 B.O.	Oil - Bbls. 432	Water - Bbls. None	Gas - MCF 691

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

Original signed by
LESTER L. DUKE

(Signature)

District Superintendent

(Title)

January 27, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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.