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	GAS	
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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

I.

Operator Aztec Oil & Gas Company	
Address P. O. Box 837, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal MA	Well No. 2	Pool Name, including Formation Undesignated - Wolfcamp	Kind of Lease Federal	Lease No. 0997
Location				
Unit Letter I	1980	Feet From The South Line and 660	Feet From The East	
Line of Section 21	Township 18S	Range 33E	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"/> The 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"/> Phillips Petroleum	Address (Give address to which approved copy of this form is to be sent) Room 622, Phillips Bldg., Odessa, Texas					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 21	Twp. 18S	Rge. 33E	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 April 24, 1967	Date Compl. Ready to Prod. July 28, 1967		Total Depth 13,463		P.B.T.D. 13,436			
Elevations (DF, RKB, RT, GR, etc.) 3826 GR 3841 DF	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 11,052		Tubing Depth 11,240			
Perforations 11,212-17, 11,205-08, 11,194-202, 11,170-80 & 11,052-62					Depth Casing Shoe 13,461			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		349		300			
11	8-5/8		4,984		900			
7-7/8	5-1/2		13,461		1000			

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 8-4-67	Date of Test 8-5-67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 160	Casing Pressure 1000	Choke Size 24/64
Actual Prod. During Test 248 Bbls. Fluid	Oil - Bbls. 244	Water - Bbls. 4	Gas - MCF 88

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

Lester L. Duke (Signature)
District Superintendent

August 7, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 8 1967**, 19____
BY **[Signature]**
TITLE **SUPERVISOR DISTRICT**

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 tested wells.