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TRANSPORTER	OIL		
	GAS		
OPERATOR			
SECRATION OFFICE		1	

FILE U.S.G.S.	NEW MEXICO OIL CONSERVATION COMMISSION			Form C-104 Supersedes Old C-104 and C-110	
	REQUEST I	EST FOR ALLOWABLE Effective 1-1-65			
U.S.G.S.		AND			
	AUTHORIZATION TO TRA	NSPORT OIL AND N	IATURAL GAS) ··•,	
LAND OFFICE		•		if	
TRANSPORTER OIL					
GAS					
OPERATOR					
PRORATION OFFICE	<u> </u>				
Operator					
Aztec Oil & Gas Com	jeny				
1 "	na Wass Marrian				
P. O. Box 837, Hobb Reason(s) for filing (Check proper box)	DB, NEW MEXICO	Other (Please	explain)		
New Well	Change in Transporter of:				
1.46.11	Oil Dry Ga	s			
Recompletion Change in Ownership	Casinghead Gas Conden	isate			
Change in Ownership					
If change of ownership give name					
and address of previous owner					-
DESCRIPTION OF WELL AND I	/EASE 5.	Corbin			
DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation	Kind of Lease		Lease No.
Federal PA	1 Undesignated	(Wolfcamp)	State, Federal or	Fee Federal	IC062514-
			L		-1
Location J 19	80 Feet From The South Lin	1980	Feet From The	East	
Unit Letter;;;	Feet From TheLin	e and	reet from the		
~ -	vnship 185 Range	33E , NMPM	1	Lea	County
Line of Section 20 Tow	vinship 108 Range	יו זיייייי בעני	1		
	AND MARKED AT CA				
DESIGNATION OF TRANSPORT	or Condensate	Address (Give address	to which approved	copy of this form is t	o be sent)
Name of Authorized Transporter of Oil		l ·			
Permian Corporation	D. 0-5	P.O. Box 3119, Address (Give address	to which approved	copy of this form is	o be sent)
Name of Authorized Transporter of Cas	singhead Gas 🔲 or Dry Gas 🦳	Address (Give address	to water approved	(COP) O) 1.110 (C.M. 15)	
None			1171		·
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connect	ed? When		
give location of tanks.	J 20 18 33	140			
If this production is commingled wit	th that from any other lease or pool,	give commingling orde	r number:		
. COMPLETION DATA	in that it is an any other transfer of				
	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Re	sty. Diff. Resty.
Designate Type of Completic	$\operatorname{on} = (X)$	X .	1 <u> </u>		
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
8/26/67	11/6/67	13,500		13,144	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
3826.7 DF	Wolfcamp	11,103		11,163	
			2 0	Depth Casing Shoe	
Periorations	36; and 11,148-62 (4 ho	ر مرسر (cles/Ft	WK	13,496	
11,105-20 , 11,124-	TUBING, CASING, AN	D CEMENTING RECO	SD	<u> </u>	
		DEPTH S		SACKS CE	MENT
HOLE SIZE	CASING & TUBING SIZE	3/12		390	
17-1/2	13-3/8	4839		900	
11	8-5/8			700	
7-7/8	5-1/2	13496		950	
				950	
7-7/8	OP ALLOWARIE (Test must be a	after recovery of total vol	ume of load oil an	950	exceed top allow
7-7/8 7. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this d	after recovery of total vol	·s)	950 d must be equal to or	exceed top allow
7-7/8 7. TEST DATA AND REQUEST F	OP ALLOWARIE (Test must be a	after recovery of total vol	·s)	950 d must be equal to or	exceed top allow
7-7/8 7. TEST DATA AND REQUEST F OIL WELL Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be a able for this d	after recovery of total vol	·s)	950 d must be equal to or etc.)	exceed top allow
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7-7/8 7. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks 11/6/67 Length of Test 9 hours Actual Prod. During Test 198 BO & O Wtr. GAS WELL Actual Prod. Test-MCF/D	OR ALLOWABLE (Test must be a able for this description of Test 11/7/67 Tubing Pressure 1250 Oil-Bbls. 198	producing Method (Flow Casing Pressure Water-Bbls. Bbls. Condensate/MM	s) w, pump, gas lift,	950 d must be equal to or etc.) Choke Size 14/ Gas-MCF 265.3	64
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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.