NO. OF COPIES RECI	EIVED	i	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	I	
OPERATOR			
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⊢	CANTA SE	7	ONSERVATION COMMISSI	Form C-104		
-	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
-	FILE	 	AND			
-	U.S.G.S.	_ AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	S		
-	LAND OFFICE			1 1 Y		
	TRANSPORTER GAS					
	OPERATOR					
1.	PRORATION OFFICE					
Γ	Operator					
	Aztec Oil &	: Gas Company				
	P. O. Box 83	37 Hobbs, New Mexico				
Ī	Reason(s) for filing (Check proper box	x)	Other (Please explain)			
	New Well	Change in Transporter of:				
ļ	Recompletion	Oil X Dry Ga	s 🔲			
	Change in Ownership	Casinghead Gas Conden	sate			
,	If change of ownership give name					
	and address of previous owner					
	DESCRIPTION OF WELL AND	TEARE ALKA DSAS TO	inction-Sun Andres			
11.	Lease Name	Well No. Pool Name, Including Fo	ormation R 3895 Kind of Lease	Lease No.		
	State "NG"	l Wildeat	San Andres State, Federal of	State B-1553		
	Location					
	Unit LetterG;196	Feet From The North Lin	e and 1980 Feet From Th	e East		
	Office Letter					
	Line of Section 24 To	ownship 18S Range 36	E , NMPM,	Lea County		
III.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	AS			
	Name of Authorized Transporter of O	il X or Condensate	Address (Give address to which approve	d copy of this form is to be sent)		
į	The Permian Corpora	tion	Box 3119 Midland,	Texas		
	Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which approve	d copy of this form is to be sent)		
	Vented					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	1		
	give location of tanks.	G 24 18s 36E	No			
	If this production is commingled w	with that from any other lease or pool,	give commingling order number:			
	COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Complet	ion - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	10-12-68	11-11-68	5700	5068		
	Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tubing Depth		
	3757.8 Gr	San Andres	4876	5006		
	Perforations	Ball Midreb		Depth Casing Shoe		
	4876-96, 4908-18, 4	4876-96, 4908-18, 4940-50 & 5014-30 One shot		5700		
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12 1/4"	8 5/8	353	2140		
	7 7/8"	5 1/2	5673	400		
	1 1/0	2 3/8	5006	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		= 3/0)500			
٠,	TEST DATA AND DECLIEST	FOR ALLOWARIE. (Test must be a	after recovery of total volume of load oil a	nd must be equal to or exceed top allow-		
₩.	TEST DATA AND REQUEST FOR ALLOWABLE (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	, esc.,		
	1 k -1268 Length of Test	11-22-68 Tubing Pressure	Pump	Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure			
	24 Hrs.	20	20 Water - Bbls.	2" open		
	Actual Prod. During Test	Oil-Bbis.	Water - BDIS.	53		
	66	66	U	/3		
	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		
1 /1	CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	TION COMMISSION		
¥ 1.	vi. Certificate of Companies			10		
	I hereby certify that the rules an	d regulations of the Oil Conservation	APPROVED			
		i with and that the information given the best of my knowledge and belief.		amy		
			//*			
			TITL/E/			

David Donaldson	_
(Signature)	
District Geologist	_
(Title)	
12-11-68	

(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.