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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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 88240
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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lea "OR" State	Well No. 2	Pool Name, Including Formation Undesignated	Kind of Lease State, Federal or Fee State	Lease No. OG 5488
Location Unit Letter 0 ; 560 Feet From The South Line and 1980 Feet From The East Line of Section 12 Township 18S Range 36E , 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	Address (Give address to which approved copy of this form is to be sent) Box 3119 Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petr.	Address (Give address to which approved copy of this form is to be sent) Box 67 Monument, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 12	Twp. 18	Rge. 36
	Is gas actually connected?		When Yes 1-28-69	

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 1-8-69	Date Compl. Ready to Prod. 1-29-69		Total Depth 5212		P.B.T.D. 5180			
Elevations (DF, RKB, RT, GR, etc.) 3784 Gr 3795 Dr	Name of Producing Formation San Andres		Top Oil/Gas Pay 4916		Tubing Depth 4700			
Perforations 4916-20, 30-46, 52-57 & 62-66 - 4994-98, 5004-11, 5036-42, 5062-66					Depth Casing Shoe 5212			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		360		240			
7 7/8	5 1/2		5210		295			

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 1-28-69	Date of Test 1-29-69	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure open	Casing Pressure open	Choke Size open
Actual Prod. During Test 104 Bbls	Oil - Bbls. 62	Water - Bbls. 42	Gas - MCF 44.6

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

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.

District Geologist

1-30-69

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.