NO. OF COPIES RECT	EIVED	
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		2
LAND OFFICE		
TRANSPORTER	OIL	li
	GAS	1
OPERATOR		6
PRORATION OFFICE		1

	DISTRIBUTION SANTA FE FILE	1 REQUEST F	ONSERVATION COMMISSI- FOR ALLOWABLE AND	Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR	2 AUTHORIZATION TO TRAN	NSPORT OIL AND NAT	URAL GAS	
I.	PRORATION OFFICE	1			
	Aztec Oil & Gas Com	peny			
	Reason(s) for filing (Check proper	Mexico	Other (Please exp	lain)	
	New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens	cond. prod	rmission to move 150 bbls. uced while testing.	
	If change of ownership give nar and address of previous owner	ne			
IJ.	DESCRIPTION OF WELL AND LEASE Wildcat Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.				
	West Corbin 1 Undesignated-Mo:		1 0	te, Federal or Fee Federal NM 193	
	Location Unit Letter	1980 Feet From The North Line	e andF	eet From The East	
	Line of Section 18	Township 18 Range	33 , NMPM,	Lea County	
III.	DESIGNATION OF TRANSF	PORTER OF OIL AND NATURAL GA	S Address (Give address to w	hich approved copy of this form is to be sent)	
	Permian Corp Name of Authorized Transporter of	of Casinghead Gas or Dry Gas	P.O. Box 1183, Address (Give address to w	Houston, Texas hich approved copy of this form is to be sent)	
	Southern Union Gas	_	1507 Pacific At Is gas actually connected?	re., Dallas, Texas	
	If well produces oil or liquids, give location of tanks.	н 18 18 33	No		
IV.	If this production is commingle COMPLETION DATA	ed with that from any other lease or pool,			
	Designate Type of Comp	oletion — (X)	New Well Workover		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 13620	
	8-14-74 Elevations (DF, RKB, RT, GR, e	2-20-75 tc., Name of Producing Formation	13700 Top Cil/Gas Pay	Tubing Depth	
	3875 DF Perforations 13349-47 1	3360-64, 13408-16, 13424-30	13342 13435-44,	13285 Depth Casing Shoe	
	13458-63, 13560-66,	13574-84. 13586-90 W/4 DOLE	s/ft. CEMENTING RECORD	13700	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	171	13 3/8	367	320 Circ.	
	11	8 5/8	4425	2065 Circ.	
	7 7/8	5 1	13700	300	
v	TOOK DAMA AND REQUEST FOR ALLOWARIE. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow				
	AND REQUEST FOR ADDITIONAL able for this depth or be for full 24 hours) OH. WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF	
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	2k hrs.	/13 _	. 52	
	Testing Method (Fitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	16/64	
VI	. CERTIFICATE OF COMPI	3250!		NSERVATION COMMISSION	
	I hereby certify that the rules	and regulations of the Oil Conservation	APPROVED	, 19	
	TITLE This form is to be filed in compliance with this is a request for allowable for a new the accompanied by a tabu		D. Ramey		
			TITLEDis	TITLE Dist. I, Supv.	
			e 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	
	المستنب والمستافية والمستناف	(Signature) Well, this form must be accordance with RULE 111. Superintendent All sections of this form must be filled out complete		is form must be filled out completely for allow-	
	Superintendent (Title)		able on new and reco	able on new and recompleted wells.	
	February 20, 1	.975 (Date)	Fill out only Sections I, II, and VI to change of condition, 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.		