

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico
(Place)

10-19-62
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Aztec Oil & Gas Company Atlantic-State, Well No. 1, in SW 1/4 NW 1/4,

(Company or Operator)

E 21, Sec. 17, T. 36, R. 36, NMPM., Undesignated Pool

Unit Letter

Lea

County. Date Spudded 7-13-62 Date Drilling Completed 8-24-62

Elevation 3887' Dr Total Depth 9485' PBTD 9457'

Top Oil/Gas Pay 9362 Name of Prod. Form. Abo

PRODUCING INTERVAL -

Perforations 9362-64', 9368-78', 9386-90', & 9396-9400'

Open Hole Depth Casing Shoe 9485 Depth Tubing 9378'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in 24 hrs, _____ min. Size open

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 25000 gallons acid

Casing Press. PK Tubing Press. 6000 Date first new oil run to tanks 10-16-62

Oil Transporter Mc Wood Corporation

Gas Transporter None

Remarks: Gas line connection not available at this time.
Attached are toto hole deviations

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: October 19, 1962

Aztec Oil & Gas Company

(Company or Operator)

By: [Signature]

(Signature)

Title: District Superintendent

Send Communications regarding well to:

Name: Aztec Oil & Gas Company

Address: Box 847, Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: [Signature]

Title: _____