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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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 Roy H. Smith Drilling Company	
Address 728 First Wichita National Bldg., Wichita Falls, Texas	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Aztec-State	Well No. 1	Pool Name, including Formation Vacuum	Kind of Lease State, Federal or Fee State
Location West			
Unit Letter P	1964	Feet From The 17th	Line and 660 Feet From The South
Line of Section 15	Township 17S	Range 34E	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 Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 15
	Twp. 17S	Rge. 34E
	Is gas actually connected? No	When no gas

If this production is commingled with that from any other lease or pool, give commingling order number: **none**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
Date Spudded 11/26/64	Date Compl. Ready to Prod. 1/11/65	Total Depth 5600'	P.B.T.D. 5088'					
Pool Vacuum	Name of Producing Formation San Andres	Top Oil/Gas Pay 4715'	Tubing Depth 4729'					
Perforations 4715-4716', 4719-20, 4721-22, 4725-26, 4742-43,			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8 1/2" 12 1/4"	8 5/8"		313		165			
6 3/4"	4 1/2"		5088		360			
	2"		4729					

V. 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)

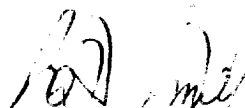
Date First New Oil Run To Tanks 1/11/65	Date of Test 3/18/65	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size Open 2"
Actual Prod. During Test 4 1/2 bbls.	Oil-Bbls. 4 bbls.	Water-Bbls. 1/2 bbl.	Gas-MCF none

GAS WELL

Actual Prod. Test-MCF/D None	Length of Test None	Bbls. Condensate/MMCF None	Gravity of Condensate None
Testing Method (pitot, back pr.) None	Tubing Pressure None	Casing Pressure None	Choke Size None

VI. 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.


(Signature)
Sole Owner
(Title)
April 1, 1965
(Date)

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 Sections I, II, III, and VI only 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.