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TRANSPORTER	OIL	
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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 AND GAS COMPANY	
Address P. O. BOX 837 HOBBS, NEW MEXICO 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE DS	Well No. 4	Pool Name, Including Formation UNDESIGNATED - Spencer - San Andres	Kind of Lease State, Federal or Fee STATE	Lease No. L 200
Location				
Unit Letter L	1980	Feet From The SOUTH	Line and 660	Feet From The WEST
Line of Section 24	Township 17S	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"/> THE 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> SKELLY OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1650 Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 24	Twp. 17S	Rge. 36E	Is gas actually connected? Yes	When 10-25-69

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 10-4-69	Date Compl. Ready to Prod. 10-21-69		Total Depth 5035		P.B.T.D. 8014			
Elevations (DF, RKB, RT, GR, etc.) 3808.4 Gr. 3818.4 DF	Name of Producing Formation San Andres		Top Oil/Gas Pay 4964		Tubing Depth			
Perforations 4964 - 4994					Depth Casing Shoe 5034			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		326		215			
7 7/8	5 1/2		5035		300			

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 10-25-69	Date of Test 10-26-69	Producing Method (Flow, pump, gas lift, etc.) Swab	
Length of Test 24	Tubing Pressure 30	Casing Pressure 150	Choke Size 3/4"
Actual Prod. During Test 248	Oil - Bbls. 248	Water - Bbls. Trace	Gas - MCF 84

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

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.

DAVID A. DONALDSON

(Signature)

DISTRICT GEOLOGIST

(Title)

10-27-69

(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 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.