

NEW MEXICO OIL CONSERVATION COMMISSIC.  
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

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

I. Operator **AZTEC OIL AND GAS COMPANY**

Address **P. O. BOX 837 HOBBS, NEW MEXICO 88240**

Reason(s) for filing ☒ (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Condensate ☐

Recompletion ☐

Change in Ownership ☐ Casinghead Gas ☐

Other (Please explain) **THE WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease **State DS** Well No. **6** **San Andres** Kind of Lease **State** L **200** No. **R-3922**

Location **0 990 South 2310 East**

Unit Letter **24** Feet From The **17S** Line and **36E** Feet From The **Lea**

Line of Section **24** Township **17S** Range **36E** , NMPM, County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of **Permian Corporation** or Condensate ☐ **X** Address (Box address to which this form is to be sent) **P. O. Box 3119 Midland, Texas**

Name of **Skelly Oil Company** Casinghead Gas ☐ or Dry Gas ☐ Address (Box address to which this form is to be sent) **P. O. Box 1650 Tulsa, Oklahoma**

If well produces oil or liquids, give location of tanks. **Unit 24** **17S** **36E** Is gas usually connected? **Yes** **January 10, 1970**

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) ☒ Well Gas Well New ☒ Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.

Date Sp **12-26-69** Date **1-10-70** Ready to Prod. Total **5050** P.B.T.D. **5020**

Elevation **3811** (F, B, RT, GR, etc.) **San Andres** Formation Top of Gas Pay **4940** Tubing **1815**

Perforations **4940 - 88** Depth **5050** shoe

TUBING, CASING, AND CEMENTING RECORD

12 1/4" E SIZE	CASING 8 5/8" TUBING SIZE	332 DEPTH SET	215 CEMENT
7 7/8	5 1/2	5050	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 Fil **1-10-70** Run To Tanks Date **1-10-70** Producing **Swab** (Flow, pump, gas lift, etc.)

Length **8** Hours Tubing Pressure **0** Casing Pressure **Flow** Choke **Open**

Actual **120** During Test Oil - Bbls. **120** Water - **Trace** Gas - MCF **75**

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

DISTRICT GEOLOGIST

January 12, 1970

(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.