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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  
**AZTEC OIL & GAS COMPANY**  
Address  
**P. O. BOX 837, HOBBS, NEW MEXICO 88240**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
**CASINGHEAD GAS CONNECTION**  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>CONOCO - STATE</b>	Well No. <b>1</b>	Pool Name, including Formation <b>NORTH VACUUM ABO</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-3196</b>
Location Unit Letter <b>N</b> ; <b>660</b> Feet From The <b>South</b> Line and <b>1880</b> Feet From The <b>West</b> Line of Section <b>22</b> Township <b>17-S</b> Range <b>34-E</b> , NMPM, <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>PHILLIPS PETROLEUM COMPANY</b>	<b>Room 622, Phillips Building, Odessa, Texas</b>
If well produces oil or liquids, give location of tanks. Unit <b>L</b> Sec. <b>22</b> Twp. <b>17-S</b> Rge. <b>34-E</b>	Is gas actually connected? <b>Yes</b> When <b>8-22-72</b>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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 <b>4-1-72</b>	Date of Test <b>3-29-72</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 Hrs.</b>	Tubing Pressure <b>40</b>	Casing Pressure <b>40</b>	Choke Size <b>3/4</b>
Actual Prod. During Test <b>136</b>	Oil-Bbls. <b>136</b>	Water-Bbls. <b>--</b>	Gas-MCF <b>123</b>

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.

original signed by  
**LESTER L. DUKE**

(Signature)

**District Superintendent**

(Title)

**August 28, 1972**

(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 30 1972**, 19

BY **Orig. Signed by**

**Joe D. Ramsey**

TITLE **Dist. I, Supv.**

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

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AUG 20 1972

OIL CONSERVATION COMM.  
HOBBS, N. M.