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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) **THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.**
UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Conoco State	Well No. 1	Pool Name, Including Formation Abo	Kind of Lease State, Federal or Fee State	Lease No. B-3196
Location Unit Letter N : 660 Feet From The South Line and 1880 Feet From The West Line of Section 22 Township 17-S Range 34-E , 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"/> MOBIL PIPE LINE COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1073, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Room 622, Phillips Bldg., Odessa, Texas			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 22	Twp. 17-S	Rge. 34-E
	Is gas actually connected? No. When			

If this production is commingled with that from any other lease or pool, give commingling order number: **No**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-28-72	Date Compl. Ready to Prod. 4-1-72	Total Depth 8900		P.B.T.D. 8848				
Elevations (DF, RKB, RT, GR, etc.) 4057 DF	Name of Producing Formation Abo		Top Oil/Gas Pay 8706		Tubing Depth 8812			
Perforations 8706-8812					Depth Casing Shoe 8900			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/8	CASING & TUBING SIZE 8-5/8		DEPTH SET 1620		SACKS CEMENT 650			
7-7/8	5 1/2		8900		1900			
	2-3/8		8813		--			

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

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)
April 3, 1972

(Date)

OIL CONSERVATION COMMISSION
APPROVED **APR 5 1972**, 19_____
BY **[Signature]**
TITLE **SUPERVISOR DISTRICT I**

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.

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APR 11 1964

OIL CONSERVATION COMM.
DOES, N. M.