40. OF COPIES MEC	IIVED	
DISTRIBUTIO	ON	
SANTA FE		
FILE		
U.S.G.S.		AUTH
LAND OFFICE		
TRANSPORTER	OIL '	-
OPERATOR		_
	ICE	
	Gas Compa	any
P. O. Box 2	267, Midla	and, Texas
	Check proper bo)x)
	닐	Change to
·	닏	Oil
Change in Ownership	<u> </u>	Casinghe
If change of owners	in give some	
and address of previ	one omuet —	Belco Dev
Lease Name	WELL AND	LEASE
	?tata	Well No.
Location	tate	1
	: 20	180 Feet Fro
Line of Section	2 т	ownship 18S
DESIGNATION OF	TRANSPOR	TER OF OIL
Neme of Additionized 1	ransporter of O	ıı [∑] or Cı
Navajo Pipe	line Comp	any
Dhilling 66	Makes 1	zziudusaa Falik
FIIIIIIps 00	Natural	Gas Company
If well produces oil or	liquida,	, omit
		<u></u>
this production is	commingled w	ith that from an
CMPLETION DA	TA	10
Designate Type	of Completi	on = (X)
Date Spudded		Date Compl. R
		Dute Compi. A
Elevations (DF, RKB,	RT, GR, etc.,	Name of Produ
Perforations		
···		
		<u>T</u> 1
HOLE \$	ZE	CASING
		
	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OPERATOR PROBATION OFF Operator Enron Oil & Address P. O. Box 2 Recson(s) for (ling () New We!! Recompletion Change in Ownership off change of ownership off change of ownership and address of previous Aztec Dos S Location Unit Letter Line of Section DESIGNATION OF Name of Authorized T Navajo Pipe Name of Authorized T Phillips 66 If well produces oil or quive location of tanks I this production is COMPLETION DA Designate Type Date Spudded Devotions (DF, RKB,	U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator Enron Oil & Gas Companders P. O. Box 2267, Midla Recoon(s) for Using (Check proper back) New Well Recompletion Change in Ownership X If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND Lease Name Aztec Dos State Location Unit Letter Line of Section 2 Chine of Authorized Transporter of Compander Type of Compander Office Spudded Designate Type of Compander of Compa

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	SANTA FE					PEOUE	ST EOD A	ATION COM	MISSION	~	Form C - 104			
	FILE U.S.G.S.					REGUE	ST FOR AL			Supersedes Old C-104 and C-				
				\neg	AND					Effective 1-1-65				
	LAND OFFICE		┤─┤		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
		OIL	. 											
	TRANSPORTER		 											
	DPERATOR	GAS		_										
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I.	PRORATION OF F	FICE	Щ		71-2									
	i '	_												
	Enron Oil &	Gas	Comp	any	_									
	Address													
	P. O. Box 2	267,	Mid1	Land	, Texas	79702								
	Reason(s) for (rling (son(s) for Isling (Check proper box)										·		
	New Well	Change in Transporter of:						Other (Please explain) Change Operator Name						
	Recompletion	Recompletion C						Change	e Uperaro	or Name				
	Change In Ownership	thance in Ownership Y												
I		<u> </u>			Casingne	ad Gas Cor	ndensate			•	÷			
	If change of owners	hip give	name	•		_	.,							
	and address of previ	ious ow	ner	Ве	elco Dev	elopment Corp)., Box 2	267, Mid	land, Tex	cas 7970	02			
														
11.	DESCRIPTION OF	F WELI	L AN	D LE							;			
					Well No.	Pool Name, Including	Formation		Kind of Lea	s e		Lease No.		
	Aztec Dos	State			1	Young Bone Sp	rings No	rth	State, Feder	al or Fee	State	LG6977		
	Location										beate			
	Unit Letter	L,	. 2	080	Feet Fro	m The south	, ,	660			20+			
ĺ						/ ne	Line and		Feet From	TheW	<u> </u>			
	Line of Section	2	7	Towns	hip 18S	Range	32E	N. D.		т				
,						ridinge		, NMPN	ι,	Lea		County		
III.	DESIGNATION OF	FTRAN	0925	מדבי	ארט שט פ	AND NATEDAY	0.4.5							
	Name of Authorized T	Fransport	er of (or Cr	AND NATURAL ((Ci 1)			<u> </u>			
ļ	Navajo Pipe			_	-			(Give address			f this form is	to be sent)		
ŀ	Name of Authorized T	CITHE	COM	pany			<u> Dr 1</u>	59, Artes	ia, NM 8	8210				
	Name of Authorized T	. NT	er 01 (azind	USGO FAIR	Energy corp.	Address	(Give address	to which appro	oved copy o	f this form is	to be sent)		
1	Phillips of	Natu	ral	Gas	Company	ctive 1-1-93	588 Fr	ank Phill	ips Bldg	.,Bartl	esville.	, OK 74004		
	If well produces oil of	r liquida,	,	, U	ut Sec.	Twp. Fige.	ls gas ac	tually connect	ed? W	ien		, 910 74004		
L	give location of tanks	3.			L 2	18 32		Yes	1	12/5/8	13			
ĭ	f this production is	commin	gled v	with t	hat from an	v other lease or noc	1 give come	ningling and						
Î IV. 🤇	COMPLETION DA	TA				, omer heade of boo	, give com	urugung orde	number:					
	Danimus T.		,		0.	li Well Gas Well	New Well	Workover	Deepen	Plug Ba	sk Same Re	s'v. Diff. Res'v		
- 1	Designate Type	e of Cor	mplet	tion -	- (X)	,	ł		1	1	!	J Linn Nes		
1	Date Spudded			Do	ite Compl. R	eady to Prod.	Total De	oth	-i	P.B.T.D		<u> </u>		
ł						•	1312.20	····		P.B. 1.D	•			
	Elevations (DF, RKB,	RT. GR	. etc.	. INC	me of Produ	cing Formation	Top 0!1/6	Can Davi		 				
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V. 7	TEST DATA AND	REQUE	EST I	FOR	ALLOWAR	I.F. (Test must be	after reasons							
(DIL WELL						depih or be so	y oj totat volu: Pr full 24 hours	ne oj loga oli	and must be	i equal to or	exceed top allow		
[1	Date First New Oil Ru	ın To Tar	nks	Da	te of Test		Producing	Method (Flow	. pump. ras li	(t. etc.)				
- 1							(, , , , , , , , , , , , , , , , , , ,				•			
Length of Test				Tu	bing Pressur		Casina Pr	Casing Pressure		Choke Size				
										Chore 3		·		
	Actual Pred. During Te	• a t		011	-Bbls.		Water - Bb			1 0-2 1/0:		·		
- 1	•						, water - 55			Gas-MC	ř			
<u>'</u> _										1	····			
	AS WELL													
	Actual Prod. Test-MC			т.		· · · · · · · · · · · · · · · · · · ·								
	netual Flou. 1881-MC	. 7 / 15		Lei	igth of Test		Bbis. Con	densate/MMCF	•	Gravity o	I Condensate			
<u> </u>	F									<u> </u>				
- 1	Testing Method (pitot,	back pr.	,	Tub	ing Pressure	(shut-in)	Casing Pr	-føda) emsse	in)	Choke St		- -		
L					·									
VI. C	ERTIFICATE OF	COMP	LIAN	CE				OU Č	ONSERVA	TION C	201221010	NI.		
							.	OIL CONSERVATION COMMISSION						
1	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given						APPRO	APPROVED MAR 3 1 1987 19						
C							· 11							
at	above is true and complete to the best of my knowledge and belief.					BY	BY ORIGINAL SIGNED BY JERRY SEXTON							
						DISTRICT I SUPERVISOR								
						TITLE	TITLE DISTRICT I SUPERVISOR							
	Betty Gildon, Regulatory Analyst (Title) 2/13/87 (Date)						11		be filed in a	omnliance	with more	7 1104		
							11	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despensell, 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 silowable 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 conditions.						
_														
							17							
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	wit/													
					ii seb	Separate Forms C-104 must be filed for each pool in multiple								