l	NO. OF COPIES RECEIVED	4	<u> </u>		
	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COM. 10N	Form C+104	
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11	
	FILE		AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS	
	LAND OFFICE				
	IRANSPORTER OIL GAS				
	OPERATOR	-			
	PROBATION OFFICE				
1.	Operator	······································			
	Moran Exploration, Inc.				
	dress				
ļ	400 Wilco Building, Midland, Texas 79701				
	Reason(s) for filing (Check proper bos	x)	Other (Please explain)		
	New Well	Change in Transporter of:	Change of name f	rom Hytech Energy Corp.,	
	Recompletion Oil Dry Gas		s 🔲 to Moran Explora	tion, Inc. effective	
	Change in Ownership	Casinghead Gas Conder			
i			· · · · · · · · · · · · · · · · · · ·		
	If change of ownership give name	NA			
	and address of previous owner	nd address of previous owner			
	DESCRIPTION OF WELL AND	TEASE			
11.	Lease Name	Well No.; Pool Name, Including F	ormation Kind of Leas	se Lease No.	
	Aztec Sedera l 14 Fe	k , 2 Lea (Penn) Ga	S State, Feder	alor Fee Federal NM4437	
	Location				
Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section 14 Township 20-S Bange 34-E , NMPM, Lea				ine west	
				County	
	Line of Section 14 To	ownship <u>20-S</u> Bange <u>3</u> ,	4-E , NMPM, Lea		
		TO AT AND NATURAL CA	e.		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)	
	Texas New Mexico Pipel Name of Authorized Transporter of Co		Box 1510, Midland, Te Address (Give address to which appro	XAS 19101 oved copy of this form is to be sent)	
	Phillips Petroleum Co.	Uni: Sec. Twp. P.ge.	Phillips Building, Od Is gas actually connected?	essa, Texas /9/60	
	If well produces oil or liquids,				
	give location of tanks.	J 14 20-S 34-E	-	January, 1970	
	If this production is commingled w	ith that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Flug Back Same Restv. Diff. Restv.	
	Designate Type of Completi				
		i _ i i i i _ i i i i i i i _ i i i i _	Total Depth	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	i otar Beptin		
		Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Potmution	Tep Guy Gus Pay		
				Depth Casing Shoe	
	Perforations Depth Cabing block				
			CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)				
	OIL WELL	Date of Test	Producing Method (Flow, pump, gas l	lift, etc.)	
	Date First New Cil Run To Tanks				
			Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure		· · · · · · · · · · · · · · · · · · ·	
		Other Distance	Water-Bbis.	Gas-MCF	
	Actual Prod. During Test	Oll-Bbis.			
	l	<u></u>	L		
	GAS WELL	I south of Tool	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	LINE. CONTRIBUTO/ MMCF		
			Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Castud Plassare (prac-zw)		
VI.	CERTIFICATE OF COMPLIAN	ICE		ATION COMMISSION	
			haev e	9 1 040	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED MAY 22 1950, 19		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Orig Signed by TITLE Jerry Sexton Dist 1, Suptrations with BULE 1194.		
	- 1		Dist is to be filed in compliance with RULE 1104.		
	A-6 Lander		and the second for allowable for a newly drilled or deepened		
	J. E. Scipping (Sigfature)		well, this form must be accompanied by a tabulation of the deviation the deviation the deviation of the deviation the set of the set		
	Chief Clerk, Office Manager		All sections of this form must be filled out completely for allow- able on new and recompleted wells.		
			Titl aut only Sections I II III, and VI for changes of owner,		
	May 19, 1980		well name or number, or transporter, or other such change of condition.		
	(Date)		Separate Forms C-104 mu	st be filed for each pool in multiply	
			annataind malle		