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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	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	FLARED AFTER 10/11/71
		Dry Gas	<input type="checkbox"/>	UNLESS AN EXCEPTION TO R-4970
		Condensate	<input type="checkbox"/>	IS OBTAINED.

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	STATE "AB"	Well No.	1	Pool Name, Including Formation	WILBONT	Kind of Lease	State	Lease No.	E-9122
Location	C	660	Feet From The	North	1980	Feet From The	West		
Unit Letter									
Line of Section	3	Township	19S	Range	37E	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"/>	Address (Give address to which approved copy of this form is to be sent)		
PERMIAN CORPORATION				P. O. Box 3119, Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	3	19S	37E	No	

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)	X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	5-28-71	Date Compl. Ready to Prod.	7-17-71	Total Depth	8170	P.B.T.D.	4060		
Elevations (DF, RKB, RT, GR, etc.)	3689 BF	Name of Producing Formation	Penrose Sand	Top Oil/Gas Pay	3928'	Tubing Depth	3900		
Perforations	3928-34 & 3944-62					Depth Casing Shoe	7045		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	11 1/2	CASING & TUBING SIZE	8-5/8	DEPTH SET	1680	SACKS CEMENT	475 sacks (circ.)		
	7-7/8		5 1/2		7045		925 sacks		

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	7-17-71	Date of Test	7-17-71	Producing Method (Flow, pump, gas lift, etc.)	Pumping		
Length of Test	24 Hrs.	Tubing Pressure	20	Casing Pressure	20	Choke Size	3/4
Actual Prod. During Test	18 BF	Oil - Bbls.	13	Water - Bbls.	5	Gas - MCF	TSTM

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

Lester L. Duke (Signature)  
DISTRICT SUPERINTENDENT

August 2, 1971 (Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 4 1971, 19  
BY  
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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