HO. OF COPIES RECEIVED	_				
DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMIS		Form C-104	
SANTA FE	REQUEST FOR ALLOWARLE Supersedes Old C-104 and C-1				
FILE		AND		Effective 1-1-65	•
	· ·· · · ·				
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
LAND OFFICE	_				
TRANSPORTER GAS					
OPERATOR					
I. PRORATION OFFICE Operator					
AZTEC GIL & C	Cas Company				
Address	7. HOBBS. NEW MEXICO 882	ho			
P. 0. BOX 83	7, HOBBS, NEW MEXICO 882				
Reason(s) for filing (Check proper be	ox)	Other (Please	explain)		
New Well	Change in Transporter of:	OT A DESCRIPTION OF THE PERSON	man gas	MUST NOT B	C
Recompletion	Oil Dry Go	THARD	八年12世纪 //	?///////	ĺ
	Casinghead Gas Conde	UNLESS	AN EXCEP	TION TO R-497	<u> </u>
Change in Ownership		TO UDIA	NED.		<u>v</u>
If change of ownership give name	THIS WELL HAS BEEN F	LACED IN THE POOR			
and address of previous owner	DESIGNATED BELOW. IF NOTALL THIS OFFICE.	YOU DO NOT CONCUR	•	1154	
II. DESCRIPTION OF WELL AND	D LEASE			4,00	
Legse Name	Well No. Pool Name, Including	ormation	Kind of Lease	G+a+a	Lease No. E-9122
STATE "AB"	1 WEEDONY	<u> </u>	State, Federal c	r Fee DUAGE	B-Jack
Location	660 Fort h	1980		West	
Unit Letter;		ne and	Feet From The		
2	198 3	TE NMPM		Lea.	C
Line of Section	Township Range	, NMPM			County
III. <u>DESIGNATION OF TRANSPO</u>	ORTER OF OIL AND NATURAL G	AS Address (Give address i	to which approve	d copy of this form is	to be sent)
Name of Authorized Transporter of		P. O. Box 3119			
PEROLIAN CORPORATION		Address (Give address	o which approve	d copy of this form is	to be sent)
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give dauress)	io which approve	2 copy of the familia	,
			3.0		
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connect	ed? When		
give location of tanks.	C 3 196 37E	No			
If this production is commingled	with that from any other lease or pool	, give commingling orde	r number:		
If this production is commingled IV. COMPLETION DATA				Plug Back Same Be	s'v. Diff. Res'v.
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workcver	Deepen	Plug Back Same Re	s'v. Diff. Res'v.
If this production is commingled IV. COMPLETION DATA Designate Type of Complete	etion - (X) Oil Well Gas Well	New Well Workover			s'v. Diff. Res'v.
Designate Type of Comple	etion — (X) Gas Well Date Compl. Ready to Prod.	New Well Workever Yes Total Depth		P.B.T.D.	s'v. Diff. Res'v.
Designate Type of Comple	etion - (X) Gas Well Date Compl. Ready to Prod. 7-17-71	New Well Workover Yes Total Depth 8170		P.B.T.D.	s'v. Diff. Res'v.
Designate Type of Complete Spudded 5-28-71 Elevations (DF, RKB, RT, GR, etc.)	Pate Compl. Ready to Prod. 7-17-71 Name of Producing Formation	New Well Workover Yes Total Depth 8170 Top Oli/Gas Pay		P.B.T.D. 4060 Tubing Depth	os'v. Diff. Res'v.
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LESTER L DUKE

Tantar	To Date	(Signature)	
	DIMERICA	(Signature)	
		(Title)	
	August 2	, 1971	
		(Date)	

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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OIL CONSERVATION COMM.