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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

Operator Southland Royalty Company	
Address 1100 Wall Towers West, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Name change effective 1-1-78	

If change of ownership give name Aztec Oil & Gas Co., P.O. Box 837, Hobbs, New Mex. 88240  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name State	Well No. 9	Pool Name, Including Formation North Paddock (Gas)	Kind of Lease State, Federal or Fee	State	Lease No. B-11613
Location					
Unit Letter F	1650	Feet From The West	Line and 1973	Feet From The North	
Line of Section 2	Township 21	Range 37	, NMPM,		Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Southern Union Gas Company Att: Pro-		1st Intl. Bldg, Suite 1800, Dallas, Tx.			
ration Dept.	Unit F	Sec. 21	Twp. 21	Rge. 37	Is gas actually connected? Yes
If well produces oil or liquids, give location of tanks.					When 2-26-64
					75270

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

I. 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.

District Engineer

December 21, 1977

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 30 1977

BY

TITLE

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.

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-164  
Supersedes Old O-164 and O-116  
Effective 1-1-65

NAME OF OPERATOR	
DATE OF FILING	
SECTION	
TOWNSHIP	
RANGE	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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:  
Re-completion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
**Change in name of high pressure gas purchaser from Southern Union Gas Co. To Gas Company of New Mexico.**

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
State	9	North Paddock	State, Federal or Fee	11613
Location				
Unit Letter	F	5810 Feet From The South Line and 1650 Feet From The West		
Line of Section	2	Township 21	Range 37	NEPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Gas Company of New Mexico</b>	<b>First International Building, Dallas, Texas</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
F 2 21 37	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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv. Prod. R. 117.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations			Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD							
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 lead 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Spot, 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 Production Manager**  
(Title)  
**September 8, 1976**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **3 1976**, 19  
BY **Orig. Signed by John Runyan**  
Geologist  
TITLE \_\_\_\_\_

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 calculation of the average fluid volume in the well in accordance with RULE 111.  
All portions of this form must be filled out completely for all wells (oil, gas, or water) and for all shut-in wells.  
Fill out only Parts I, II, III, and IV for closure of or, or, well, pump or purchase, or venting to or other such closure of well(s).

RECEIVED

SEP 13 1976

OIL CONSERVATION COMM.  
JAMES, N. M.

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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65  
C. G.

JUL 18 1968

Indicate Type of Lease State <u>NEW MEXICO</u> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>B-11613</b>

## SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUS BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT..." (FORM C-101) FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name
2. Name of Operator <b>Aztec Oil &amp; Gas Company</b>	8. Farm or Lease Name <b>State</b>
3. Address of Operator <b>P. O. Box 837, Hobbs, New Mexico</b>	9. Well No. <b>9</b>
4. Location of Well UNIT LETTER <b>F</b> <b>1650</b> FEET FROM THE <b>West</b> LINE AND <b>5860</b> FEET FROM THE <b>South</b> LINE, SECTION <b>2</b> TOWNSHIP <b>21S</b> RANGE <b>37E</b> NMPM.	10. Field and Pool, or Wildcat <b>North Paddock Gas</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3502.8 GR</b>	12. County <b>Lea</b>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input type="checkbox"/>
PLUS AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUS AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1108.

The following work was started on May 20, 1968 and completed May 22, 1968:

1. Sand-oil fraced via 4-1/2" casing with 40,000 gals. lease oil and 14,500 lbs. 20/40 sand with 1/20 lb. Adomite Mark II at 3500 psi and 18.1 BPM. ISDP with oil was 3000 psi. The 15 minute shut-in pressure was also 3000 psi.
2. Ran 2" tubing to 5656', swabbed 102 bbls. load oil, and well kicked off and flowed.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief,

original signed by

LESTER L. DUKE

SIGNED \_\_\_\_\_ TITLE District Superintendent DATE July 16, 1968

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: