## 1.

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SANTA FE		CONSERVATION COMMISSIC	Form C-104 Supersedes Old C-104 and C-1
FILE	KEQUEST	FOR ALLOWABLE AND	Effective 1-1-65
U.S.G.S.	ALITHODIZATION TO TRA	ANSPORT OIL AND NATURAL (	C A C
LAND OFFICE	AUTHORIZATION TO TRA	ANSI ON I OIL AND NATURAL I	343
[RANSPORTER OIL			
GAS			
OPERATOR			
PRORATION OFFICE			
Operator	C COMPANY		
AZTEC OIL & GA	2 COMPANI		
_	obbs, New Mexico 88240		
Reason(s) for filing (Check proper b		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion X	Oti 🔲 Dry Go	as	
Change in Ownership	Casinghead Gas Conde	nsate	
If change of ownership give name			
and address of previous owner			
. DESCRIPTION OF WELL AN	D LEASE   Well No.   Pool Name, Including F	formation Kind of Leas	se Lease No.
Dauron	1 Drinkerd	State, Federa	olor Fee <b>Fee</b>
Location	'/a w	660	TD = -
Unit Letter A ;	660 Feet From The North Lin	de and 660 Feet From	The <b>East</b>
Line of Section 10	Township <b>21S</b> Range	37E , NMPM,	Lea County
PROTON ACTION OF TRANSPO	ADTED OF OIL 18TH STATEDAL CA	effective J	ANUARY 31, 1977,
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL GA	Adamaga (Cina address to Minich Minich	company MERGED oved copy of this form is to be sent)
Texas-New Mexico	Pipeline Co.	P.O. Box 1510, Midling	i, Texas 79701
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)
Skelly Oil Compa		Eunice, New Mexico	
If well produces oil or liquids,	Unit Sec. Tw. Rge.	1.2 4.00	nen
give location of tanks.	A 10 21S 37E	Yes	7/1/63
	with that from any other lease or pool,	give commingling order number:	
. COMPLETION DATA	Off Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'
Designate Type of Comple	etion = (X)	x	x
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11/29/50	4/12/74	78751	6750'
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3452 DF	Drinkard	6530'	Depth Casing Shoe
Perforations		(ma =0.1 ((0)) a(1 (mag))	
6530-50', 6592-9	38', 6622-32', 6642-50', 6	D CEMENTING RECORD	[40]
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
171	13 3/8	220	175 axa
11	8 5/8	29991	1200 "
7 7/8	5 3	7462	500 "
		•	
. TEST DATA AND REQUEST		after recovery of total volume of load oil epth or be for full 24 hours)	l and must be equal to or exceed top allo
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
by the first New Oli Run To Tunks	1./20/51	_	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	30	30	2/1
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MOF
122	51	71 load water	220
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bois. Condensate/MMCr	Gravity of Condensate
The state of the back prob	Tubing Pressure (Shut-in )	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	" anni 1 1 1000 and Command	,	
CERTIFICATE OF COMPLIA	ANCE	OIL CONSERV	ATION COMMISSION
. CENTRICATE OF COMEDIA			
I hereby certify that the rules a	nd regulations of the Oil Conservation	APPROVED	, 19
Commission have been complied	d with and that the information given the best of my knowledge and belief.		Tanil
above is true and complete to	the heat of my knowledge and bellet.	The state of the s	
		TITLE	
	, , , , , , , , , , , ,	This form is to be filed in	compliance with RULE 1104.
Original Signe	Original Siened by Lester T. Duke		wable for a newly drilled or deependanied by a tabulation of the deviation
O (Signature)		well, this form must be accomp tests taken on the well in acco	ordence with RULE 111.
5		Il allione of this form m	met he filled out completely for allow

April 16, 1974

(Date)

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.