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	GAS	
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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 type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Dauron	Well No. 3	Pool Name, including Formation Hare Pool	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter A 330 Feet From The North Line and 990 Feet From The East Line of Section 10 Township 21-s Range 37-e , 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"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1135, Eunice, New Mexico 88231					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 10	Twp. 21-s	Rge. 37-e	Is gas actually connected? Yes	When February 28, 1966

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 9-9-75	Date Compl. Ready to Prod. 10-27-75		Total Depth 7772		P.B.T.D. 7772			
Elevations (DF, RKB, RT, GR, etc.,) 3440 DF	Name of Producing Formation Hare		Top Oil/Gas Pay 7552		Tubing Depth 7650			
Perforations 7552-7676'					Depth Casing Shoe 7772'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/4	13 3/8		225		200			
11	8 5/8		3003		1800			
7 3/8	5 1/2		7772		350			
	2 3/8 EUE				None			

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 11-1-75	Date of Test 11-2-75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 25	Casing Pressure 25	Choke Size 3/4
Actual Prod. During Test 21	Oil - Bbls. 21	Water - Bbls. Zero	Gas - MCF 620

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

(Signature)

District Superintendent

(Title)

November 5, 1975

(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 5 1975**, 19

BY **Jerry Slifka**

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.