

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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:		Other (Please explain)
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry 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 Gutman	Well No. 1	Pool Name, Including Formation BLINEBRY (Oil)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter L 2310 Feet From The South Line and 345 Feet From The West				
Line of Section 11 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 PIPE LINE COMPANY	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) Eunice, New Mexico
If well produces oil or liquids, give location of tanks.	Unit L Sec. 11 Twp. 21-S Rge. 37-E Is gas actually connected? Yes When 6-1-64

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded 2-14-52 X - 1-26-73	Date Compl. Ready to Prod. 1-30-73	Total Depth 7576	P.B.T.D. 5764					
Elevations (DF, RKB, RT, GK, etc.) 3430DF	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5640	Tubing Depth 5589					
Perforations 5640-60', 5692-5702' & 5715-27'		Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE 7-7/8"	CASING & TUBING SIZE 5 1/2", 15 1/2", N-80 2-3/8", J-55	DEPTH SET 7576 5589	SACKS CEMENT 870
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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 1-29-73	Date of Test 1-30-73	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hrs.	Tubing Pressure 320	Casing Pressure Packer	Choke Size 20/64
Actual Prod. During Test 41	Oil-Bbls. 41	Water-Bbls. 0	Gas-MCF 180

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 (Title)

January 31, 1973 (Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

Geologist

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.