NO. OF COPIES REC	CIVED	İ	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

DISTRIBUTION		NSERVATION COMMISSION	Form C-104	
SANTA FE	1	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
FILE	4	AND		
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURA	AL GAS	
LAND OFFICE	_			
TRANSPORTER OIL				
GAS				
OPERATOR				
PRORATION OFFICE				
Operator				
R. C. Wynn				
Address				
	Dallas, Texas 75270			
Reason(s) for filing (Check proper box	Dallas, TEXAS TSETO	Other (Please explain)		
l —	Change in Transporter of:		}	
New We!1			•	
Recompletion	— °			
Change in Ownership X	Casinghead Gas Condens	are		
If change of ownership give name and address of previous owner	NAA Operating Company, Inc	3545 InterFirst	Two, Dallas, Texas 75270	
DESCRIPTION OF WELL AND	I FASF			
Lease Name	Well No. Pool Name, Including For			
Federal M	1 Blanco Mesavero	le State, F	Tederal or Fee Federal NM05791	
Location				
A1 1:	190 Feet From The FSL Line	and 1800 Feet	From The FWL	
Unit Letter N;	1 JU 1 GOT TOM THE 1 JE			
	waship 27N Range	8W , NMPM, Sar	n Juan County	
Line of Section 3 To	wnship 27N Hange	<u></u>		
	TED OF OIL AND NATUDAL GAS	•		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	Address (Give address to which	approved copy of this form is to be sent)	
Name of Authorized Transporter of Oi				
Giant Refining Compa-	ny	P.O. Box 256, Farm	approved copy of this form is to be sent)	
Name of Authorized Transporter of Co	singhead Gas or Dry Gas X			
El Paso Natural Gas	Company	P.O. Box 990, Farm		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
give location of tanks.	! N			
	ish that from any other lease or pool.	rive commingling order number	r:	
	ith that from any other lease or pool, g			
COMPLETION DATA		New Well Workover Deep	en Plug Back Same Restv. Diff. Restv.	
Designate Type of Completi	on – (X)		i i i	
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Date Spudded	Bate compared to			
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Commencer	, , ,		
			Depth Casing Shoe	
Perforations				
	TUBING, CASING, AND		21 242 274747	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			and and must be equal to or exceed top allow	
. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be af	ter recovery of total volume of ic pth or be for full 24 hours)	oad oil and must be equal to or exceed top allow	
OIL WELL	40.0 /0 1.00.0 0.0	Producing Method (Flow, pamp)	earlift etci)	
Date First New Oil Run To Tanks	Date of Test	DE	ration of the second of the se	
			Choke Size	
Length of Test	Tubing Pressure	Casing Pressure		
1		J^	N 2 4 1985 Ggs-MCF	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	GGB-MCF	
<u> </u>			DIST. 3	
		•	U1011 V	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. 1981-MCF/D				
		Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			
		1		
I. CERTIFICATE OF COMPLIA	NCE	OIL CONS	ERVATION COMMISSION	
. Cerificale of Com Dia	<del>-</del> -	11	IAN 2 1985	
	d regulations of the Oil Conservation	APPROVED	JAN / 1303 - 19	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		1	11(4)	
above is true and complete to t	he best of my knowledge and belief.	BY	Javey 11 2	
			SUPERVISOR DISTRICT # 3	
		TITLE		
<i>(</i> 1).		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despendent to a newly drilled or despendent to a newly drilled or despendent to a newly drilled or despendent.		
18 dus	-1			
Recognitive)		II		
(5)	g rous or = /	well, this form must be accordance with RULE 111.  tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow		
Pre	sident	All sections of this	form must be illied out completely for allowers wells.	
	Title)	able on new and recompl	- t ti til and UT for changes of owne	
1-2	22-85	Fill out only Section	na I, II, III, and VI for changes of owner ransporter, or other such change of condition	
(Date)		Merr trame or mamoest or re	04 must be filed for each pool in multip	

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.

## HO. OF COPIES RECEIVED

	DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION			Form C-104 Supercedes Old C-104 and C-110	
	FILE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11 Effective 1-1-65				
}	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
ł	LAND OFFICE	AUTHORIZATION TO TRAI	NSPURT OIL AND I	NATURAL G	43	
	OIL	-				
	TRANSPORTER GAS	†				
	OPERATOR	†				
	PRORATION OFFICE					
1.	Operator					
	R. C. Wynn					
	Address					
	3545 InterFirst Two,			<del> </del>		
	Reason(s) for filing (Check proper box		Other (Please	e explain)	İ	
	New Well	Change in Transporter of:	<u></u>		•	
	Recompletion	Oil Dry Gas  Casinghead Gas Condens	<b>≓</b> ∕I			
	Change in Ownership X	Casinghead Gas Condens	3016-24			
	If change of ownership give name		SEAE Intoni	Finet Two	Dallas Toyas 75270	
	and address of previous owner	AA Operating Company, In	C., 3345 Inter	TIPSE IWU.	Dallas, Texas 75270	
	DESCRIPTION OF WELL AND	TEACE	,			
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	rmation	Kind of Lease	Lease No.	
	Federal M	1 Basin Dakota		State, Federal	or Fee Federal NM05791	
	Location					
	Unit Letter N : 11	90 Feet From The FSL Line	and 1800	Feet From T	he_FWL	
	Unit Letter N ; 11					
	Line of Section 3 To	wnship 27N Range 81	, NMPN	<u>, San Juan</u>	County	
111.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	Address (Give address	to which approv	ed copy of this form is to be sent)	
	Name of Authorized Transporter of Oil	<del>-</del>			on, NM 87401	
	Giant Refining Compan	singhead Gas or Dry Gas X	Address (Give address	to which approv	ed copy of this form is to be sent)	
	l .		!		on. NM 87401	
	El Paso Natural Gas C	Unit Sec. Twp. Rge.	Is gas actually connec			
	If well produces oil or liquids, give location of tanks.			į		
		at the form any other language or pool	give commingling orde	r number:		
w	If this production is commingled win	th that from any other lease or pool,	give comminging orac			
1 V .		Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same Restv. Diff. Restv.	
	Designate Type of Completi		ļ <u> </u>			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
			Top Oil/Gas Pay		Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	10p On/Gds Pdy		l ability begins	
		1.	<u></u>		Depth Casing Shoe	
	Perforations					
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CEMENT	
					1	
			ii		<u>i</u>	
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total vol pth or be for full 24 how	ume of load oil	and must be equal to or exceed top allow-	
•	OIL WELL	able jor min de	Producing Method (Flo	w. pump. sas lif	t. etc.)	
	Date First New Oil Run To Tanks	Date of Test				
		Tubing Pressure	Casing France		Chot Size	
	Length of Test	I doing Present				
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis. 101	12 4 1985	Gae-MCF	
	Actual Float Burney 1001					
OIL CON. DIV.						
GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MM	CF	Gravity of Condensate	
					<u> </u>	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-is)	Casing Pressure (Shu	t-1n )	Choke Size	
	,		1			
VI	CERTIFICATE OF COMPLIAN	NCE	OIL	CONSERVA	TION COMMISSION	
	. •		APPROVED JAN 2 1985			
	I hereby certify that the rules and	regulations of the Oil Conservation	Trank ()			
	a lasta base complet	with and that the information given ne best of my knowledge and belief.				
	SOURS IN LINE ENG COMPLETE TO !!	SUPERVISOR DISTRICT #				
	$\sim$	(1)	[[ 111 CE			
(Signature)  Prosident			This form is to be filed in compliance with RULE 1104.			
	- Miller	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.				
	(Sié					
	<u> </u>					
		Citle)	Entrant only	Sections T T	t til and VI for changes of owner,	
	1-22-	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.				
(Date)		west name of manner, or total must be filed for each pool in multiply				

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.