NO. OF COPIES RECE	IVED	Ĺ	
DISTRIBUTIO	) N		
SANTA FE			
FILE			
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	<u> </u>	
OPERATOR			
PRORATION OFFICE		İ	l

	DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C-104	
Γ	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes ( Effective 1-	Old C-104 and C-110
Γ	FILE		AND	2.1.0011110 1	1-03
ſ	u.s.g.s.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATUR	RAL GAS	
	LAND OFFICE			•	
	TRANSPORTER GAS				
l	OPERATOR				
1	PRORATION OFFICE			·	
-	Operator				
	R. C. Wynn				
	Address				
	3545 InterFirst Two,	Dallas, Texas 75270	Other (Please explain	1)	
	Reason(s) for filing (Check proper box)	Change in Transporter of:	Office (1 touble explana	••	
	New Well	Oil Dry Gas			
	Recompletion V	Casinghead Gas Condens			
	Change in Ownership X	Cdanigheda Cda			
	If change of ownership give name and address of previous owner	AAA Operating Company, Ir	nc 3545 InterFirs	t Two, Dallas, Te	xas 75270
11.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo		í Lease	Lease No.
	Federal R	1 Blanco Mesavero	State	Federal or Fee Federa	SF078476
	Location	1 Dianeo Mesavers			
		Feet From The FNL Line	and 1170 Fee	From The FEL	
	Line of Section 15 Tox	wnship 27N Range 8W	, NMPM, S	an Juan	County
		TED OF OU AND NATURAL GAS	s		
III.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GAS	Address (Give address to whic	h approved copy of this form	is to be sent)
			P.O. Box 256, Farm	ington, NM 8740	1
	Giant Refining Compan	Singhead Gas or Dry Gas X	Address (Give address to whic	h approved copy of this form	is to be sent)
	1		P.O. Box 990, Farm	ington, NM 8740	1
		Unit Sec. Twp. Rge.	Is gas actually connected?	When	
	If well produces oil or liquids, give location of tanks.	A 15 27N 8W			
	If this production is commingled wi	th that from any other lease or pool,	give commingling order numb	er:	
IV.	COMPLETION DATA	Oil Well Gas Well			Res'v. Diff. Res'v.
	Designate Type of Completing	<b></b>	I I I I I I I I I I I I I I I I I I I	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded	Date Compt. Adday to From			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
				Depth Casing Shoe	,
	Perforations			·	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS	CEMENT
	HOLE SIZE				
			<u> </u>		
v	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of pth or be for full 24 hours)	load oil and must be equal to	or exceed top allow-
·	OIL WELL	Date of Test	Producing Me Co (Flow Dum	spear life escu	
	Date First New Oil Run To Tanks	Date of lest	IN CO		
		Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test	I down a reserve	JAM 2	4 1000	
	Actual Prod. During Test	Oil-Bbls.	Water-Bble.	Gas-MCF	
	Actual Float Barrie		Oil Oil		
		PART 4			
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Conder	inate
			400-401	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	CHORE SIZE	
			1	CERVATION COMME	SION
VI	. CERTIFICATE OF COMPLIAN	NCE	OIL CON	SERVATION COMMIS	SION J
_	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.		APPROVED	- JAN & A 130.	<u></u>
			11		
				anger. Sang	
			I.f	SUPERVISOR DISTRICT	<b>#</b> 3
			TITLE		
			This form is to be	filed in compliance with	TULE 1104. delled or deenened
		7-		for allowable for a newly accompanied by a tabulat	
		(nature)	I that taken on the Well	TO SCCOLGENICA MILLI MARI	
	Presid		All sections of this able on new and recomp	form must be filled out co	ompletely for allow-
		Title)	il able on new and recomp	TAIAN MATTE	

Ruy	
(Signature)	
President	
(Title)	
1-22-85	
(Date)	

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.

- 1	NO. OF COPIES RECE	IVED	
ı	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE		
- [			
-	IRANSPORTER	OIL	
		GAS	
	OPERATOR		
.	PRORATION OFFICE		

	DISTRIBUTION	<b></b>	ONSERVATION COMMISSION	Form C-104	
	SANTA FE	REQUEST I	FOR ALLOWABLE	Supersede: Old C-104 and C-110 Effective  -1-65	
	FILE		AND		
	U.S.G.S.	_ AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	iAS .	
	LAND OFFICE OIL	-			
	TRANSPORTER GAS	-			
	OPERATOR				
	PRORATION OFFICE				
1.	Operator				
	R. C. Wynn				
	Address				
	3545 InterFirst Two.				
	Reason(s) for filing (Check proper be		Other (Please explain)		
	New Weil	Change in Transporter of:	_ []		
	Recompletion	Oil Dry Gas	<del> </del> <del> </del>		
	Change in Ownership X	Casinghead Gas Conden	sale (A)		
	If change of ownership give name	AAA 0	25A5 T to 51 of T	Dallas Toyas 75270	
	and address of previous owner	AAA Operating Company, I	nc., 3545 InterFirst Iwo	Dallas, Texas 75270	
	DESCRIPTION OF WELL AND	LEASE			
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo		2	
	Federal R	1 Basin Dakota	State, Federa	or Fee Federal SF078476	
	Location				
	Unit Letter A : C	90 Feet From The FNL Lin	e and 1170 Feet From	The FEL	
	Line of Section 15	ownship 27N Range	8W , NMPM, San Juai	n County	
			6		
III.	Name of Authorized Transporter of C	RTER OF OIL AND NATURAL GA	Address (Give address to which appro-	ved copy of this form is to be sent)	
	Giant Refining Compa	asinghead Gas or Dry Gas X	P.O. Box 256, Farmington Address (Give address to which approximately)	ved copy of this form is to be sent)	
	El Paso Natural Gas		P.O. Box 990, Farmingto	on, NM 87401	
		Unit Sec. Twp. Rge.	is gas actually connected? Who		
	If well produces oil or liquids, give location of tanks.				
	Vi this production is commingled to	with that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA			Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Comple	ion - (X)	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.	
			Total Depth	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depti.		
	Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Lievations (D1), Attb, A11, OA, etc.				
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
				<del> </del>	
			the second of lead of	and must be equal to or exceed top allow-	
V.	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a able for this de	epth or be for full 24 hours)	and must be equal to be exceed top detail	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			E 33	- C VCE	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls. JAM2 4 188	5 3 3 3 3 3	
			l Oil College		
				en Maria	
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of lest	BBIO. GOLGENDATO, MANO.		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	lesting Method (phot, back pri)				
	CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION	
VI	. CERTIFICATE OF COMPLIA	NCE		JAN 24 1985	
	I have by contify that the rules so	d regulations of the Oil Conservation	APPROVED	JAN 2 1 200, 19	
	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.  (Signature)  President  (Title)  1-22-85		11 () ^		
			BY	WPERVISOR DISTRICT 3	
			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		
			Il form must be accomp	avied by a tabulation of the deviction	
			tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-		
			able on new and recompleted w	velis.	
			Wole on new and recompleter	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.	
			Fill out only Sections I.	II. III, and VI for changes of owner, rter, or other such change of condition.	
		-	Fill out only Sections I. well name or number, or transpo	II. III, and VI for changes of owner, rier, or other such change of conditions at be filed for each pool in multiply	