₹0. OF COPIES REC	EIVED	İ	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
DROBATION OFFICE		1	

1-22-85 (Date)

	DISTRIBUTION SANTA FE FILE	NEW MEXICO OIL CO	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRAI	AND NSPORT OIL AND NATURAL G	AS	
	LAND OFFICE OIL				
	I RANSPORTER GAS				
	PRORATION OFFICE				
1.	Operator				
	R. C. Wynn				
	3545 InterFirst Two,		Other (Please explain)		
	Reason(s) for filing (Check proper box) New We!1	Change in Transporter of:	Offier (Freuse explain)		
	Recompletion	Oil Dry Gas	₹		
	Change in Ownership X	Casinghead Gas Condens	sale (1)		
		AA Operating Company, In	c., 3545 InterFirst Two,	Dallas, Texas 75270	
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.	
	Federal J	1 Chacra	State, Federal	or Fee Federal \$F078476	
	Location	Feet From The FN Line	and 1450 Feet From T	he FEL	
	Unit Letter B ; 790	Feet From The			
	Line of Section 11 Tow	mship 27N Range	8W , NMPM, San Juan	County	
111.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approv	and come of this form is to be sent!	
	Name of Authorized Transporter of Oil			1	
	Name of Authorized Transporter of Cas	Yinghead Gas Or Dry Gas X	P.O. Box 256. Farmingto Address (Give address to which approv	1	
	Fl Paso Natural Gas Company P.O. Box 990, Farm		P.O. Box 990, Farming to Is gas actually connected?		
	If well produces oil or liquids, give location of tanks.		yo !		
		th that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
	Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded	Date Compi. Heady to 1.100			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			f	and must be equal to or exceed top allows	
V	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	Date of Test	Producing legind Stoppump, man li	r. uc.	
	Length of Test	Tubing Pressure	Casing Press	Chake Size	
	Day Tool	Oil - Bbls.	JAN 2 4 1985 Water-Bble.	Gas-MCF	
	Actual Prod. During Test		OIL CO.		
			DIST. 🗧		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		Tubing Pressure (Shut-is)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	I aming Prosonal (mass and			
VI	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVA	N 24 1985	
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 JA	7 24 1303		
		BY Srank			
			TITLES	UPERVISOR DISTRICT # 3	
This form is to be		This form is to be filed in	compliance with RULE 1104.		
If this is a request for allowable for a new well, this form must be accompanied by a tabul			wable for a newly drilled or deepened		
	V(Sign	nature) ont	II taken on the well in acco	rdance with RULE 111. ust be filled out completely for allow-	
President (Title)			All sections of this form mu	ells.	

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.

MA. OF COPIES RECT	IVED	i	
DISTRIBUTIO	N		
SANTA FE			
FILE		<u> </u>	
U.S.G.S.		<u> </u>	
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
		-	

- }	DISTRIBUTION	NEW MEXICO OIL CO		ISSION	Form C-104					
-	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65						
ł	FILE	AUTHODIZATION TO TRAN	AND	IATUDAL CAS						
- 1	U.S.G.S.	AUTHORIZATION TO TRAN	NSPURT UIL AND I	NATURAL GAS						
-	OIL									
ļ	TRANSPORTER GAS									
	OPERATOR									
1.	PRORATION OFFICE									
	Operator									
	R. C. Wynn									
	3545 InterFirst Two,	Dallas, Texas 75270								
	Reason(s) for filing (Check proper box)		Other (Please	explain)						
	New Well	Change in Transporter of:								
	Recompletion	Oil Dry Gas								
	Change in Ownership X	Casinghead Gas Condens	sate							
	If change of ownership give name									
	and address of previous owner	AAA Operating Company, I	nc., 3545 Inte	First Iwo,	Dallas, lexas /52/0					
**	DESCRIPTION OF WELL AND	LEASE								
11.	II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease			Lease No.						
	Federal J	1 Blanco Mesavero	de	State, Federal or	Fee Federal \$F078476					
	Location		4.50		FFI					
	Unit Letter B : 79	O Feet From The FNL Line	and <u>1450</u>	Feet From The	FEL					
	transferment 11 man	mship 27N Range 8	W , NMPN	San Juan	County					
	Line of Section] Tow	mship 27N Range 8	,		<u> </u>					
111.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S							
•	Name of Authorized Transporter of Oil	or Condensate 🛣	Address (Give address	to which approved	copy of this form is to be sent)					
	Giant Refining Compan	Y	P.O. Box 256	Farmington	NM 87401					
	Giant Refining Company Name of Authorized Transporter of Casinghead Gas or Dry Gas X Fil Page Natural Cas Company P.O. Box 256 Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87401			Į.						
	El Paso Natural Gas C	ompany Unit Sec. Twp. Rge.	Is gas actually connect		, 111 07401					
	If well produces oil or liquids, give location of tanks.	B 11 27N 8W		İ						
		th that from any other lease or pool,	give commingling orde	r number:						
IV.	COMPLETION DATA				lug Back Same Resty. Diff. Resty.					
	Designate Type of Completic	on - (X)	New Well Workover	Deepen P	rug Buck Same Nes V. Din. Nes V.					
		Date Compl. Ready to Prod.	Total Depth	P	P.B.T.D.					
	Date Spudded	Date Compilitionary to 1 to a	•							
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Т	ubing Depth					
					Pepth Casing Shoe					
	Perforations				Septil Casing Shoe					
		TUBING, CASING, AND	CEMENTING RECO	RD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CEMENT					
	HOLE SIZE									
		<u></u>	<u> </u>							
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af able for this de	fter recovery of total vol pth or be for full 24 how	ume of load oil and s)	must be equal to or exceed top allow-					
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo		etc.)					
				2 (2) (2) 1 1 1	,					
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size					
			Water-Bbls.		Gas - NGF					
	Actual Prod. During Test	Oil-Bbls.		JAN2 4 1935						
	OIL CONT. CIV.									
	GAS WELL				14.					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM	rDIST. 3	Gravity of Condensate					
			Casing Pressure (Shu	-453	Choke Size					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Sua	(-11)	552					
			011	CONSERVAT	ION COMMISSION					
VI	. CERTIFICATE OF COMPLIAN	CE								
	t trucks contifu that the rules and	regulations of the Oil Conservation	APPROVED JAN 2 1885 , 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.		TITLE SUPERVISOR DISTRICT # 3								
						Klug		This form is	to be filed in co	mpliance with RULE 1104.
								11 44 . 4	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	
(Signature) President (Title)		teats taken on the well in accordance with Rule '''								
		All sections	All sections of this form must be filled out completely for allowable on new and recompleted wells.							
	1-22-8		muss ander	Continue I II	III and VI for changes of owner,					
1-22-85 (Date)			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, 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.