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Ì	SISTRIBUTION				
	SANTA FE				
	FILE				
ĺ	U.S.G.S.			L.	
	LAND OFFICE				
-	TRANSPORTER	OIL			
1		GAS			
	OPERATOR			!	
١.	PRORATION OFFICE				
	Operator				
	Wynn Oil Company, In				
	Address				
	_Tw	0,			
	Reason(s) for filing (Check propo			r b o:	
	New Well				
	Recompletion	1 1			

	SANTA FE	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
}	FILE		AND ISPORT OIL AND NATURAL GAS	5	
}	U.S.G.S.	AUTHORIZATION TO TRAIN	STORT OF AND NATORAL GA	,	
t	I RANSPORTER OIL				
	GAS				
	OPERATOR PRORATION OFFICE				
1.	Operator				
	Wynn Oil Company, Inc.				
	3545 InterFirst Two. [allas, Texas 75270	Other (Please explain)		
	Reason(s) for filing (Check proper box) New We!1	Change in Transporter of:			
	Recompletion	Oil Dry Gas			
	Change in Ownership X	Casinghead Gas Condens			
	If change of ownership give name AAA Operating Company, Inc., 3545 InterFirst Two, Dallas, Texas 75270				
	DESCRIPTION OF WELL AND I	FASF			
11.	Lease Name	Well No. Pool Name, Including For	mation Kind of Lease State, Federal of	Lease No. Federal NM019403	
	Largo Federal	3 Large Chacra		rederal moly403	
		Feet From The FEL Line	and 790 Feet From Th	• FNL	
	14	0711	, NMPM, San Juai	County	
	Eme of decision				
111.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approve	d copy of this form is to be sent)	
	Name of Authorized Transporter of Oil	_			
	Giant Refining Company Name of Authorized Transporter of Cas	y inghead Gas or Dry Gas X	P.O. Box 256, Farmington Address (Give address to which approve		
	El Paso Natural Gas Co	ompany	P.O. Box 990, Farmingto		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When		
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Froducing 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				
v	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil a	nd must be equal to or exceed top allow-	
٧	OH. WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift	, etc.)	
	Date First New Oil Run To Tanks	Date of 1441			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF	
	GAS WELL		grand and a second a second and		
	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	
			OH CONSERVA	TION COMMISSION	
V	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 (Date)		IAM	2 4 1385 , 19	
			APPROVED 37:13	7 19	
			BY	X	
			SUPERVISO	r district # 🗘	
				compliance with RULE 1104.	
			11	Lacara a manufur dellifed or deenened	
			well, this form must be accompanied by a tabulation of the		
			All sections of this form mu	at be filled out completely for allow-	
			shie on new and recompleted we	TITE AND THE CHANGES OF OWNER,	
			Fill out only Sections 1, 11, 111, and visit of the sech change of condition well name or number, or transporter, or other such change of condition well name or the sech pool in multiple of the sech pool in multiple or		

Separate Forms C-104 must be filed for each pool in multiply completed wells.

	NO. OF COP IS RECE	IVED]
Ì	DISTRIBUTION				
	SANTA FE]
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	LAND OFFICE				
	IRANSPORTER	OIL			
	TRANSPORTER	GAS			╛
	OPERATOR			<u> </u>	
۱.	PRORATION OFFICE			<u> </u>	╛
	Wynn Oil Company, Inc.				
	Address				
	3545 Inter	First	Tw	ο,	[
	B	Chack	-004	hor	ī

Ī	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104	
[SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110	
[FILE		AND	Effective 1-1-65	
U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			AS		
	LAND OFFICE				
	IRANSPORTER OIL				
	GAS				
	OPERATOR	_			
1.	PRORATION OFFICE				
	Wynn Oil Company, Ir	C		1	
	Address				
		D-11 Towns 75270			
	3545 InterFirst Two, Reason(s) for filing (Check proper bo		Other (Please explain)		
	• —		Since (1 today capitally		
New Well Change in Transporter of:					
	Recompletion Oil Dry Gas Condensate				
	Change in Ownership X Casinghead Gas Condensate				
	If change of ownership give name	AAA Onousting Company In	as 2545 Intonfinet Two	Dallas, Texas 75270	
	and address of previous owner	AAA Operating Company, In	ic., 3345 Interfirst two	, Dallas. Texas 75270	
	DESCRIPTION OF WELL AND	LEACE			
11.	Lease Name Well No. Pool Name, Including Formation Kind of Lease Lea			Lease No.	
	Largo Federal	3 Blanco Mesav	verde State, Federa	Federal NM019403	
	Location				
	13-11 1 aug. Λ · 70	7 Feet From The FFL Lin	e and 790 Feet From 3	The FNL	
	Unit Letter A : 75				
	Line of Section 14 T	ownship 27N Range 8	BW , NMPM, San J	uan County	
III.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	S	,	
	Name of Authorized Transporter of C	il or Condensate X	Address (Give address to which approx	ved copy of this form is to be sent)	
	Giant Refining Compa	nv	P.O. Box 256. Farmingt	on, NM 87401	
	Giant Refining Compa Name of Authorized Transporter of C	asinghead Gas or Dry Gas 👗	Address (Give address to which appro-	ved copy of this form is to be sent)	
	El Paso Natural Gas	Company	P.O. Box 990, Farmington, NM 87401		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Who	en	
	give location of tanks.	A 14 27N 8W			
	If this production is commingled v	with that from any other lease or pool,	give commingling order number:		
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Complete		New Well Wolkover Deepen	Find Back Same ries vi	
			Total Depth	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	1.5.1.5.	
		V	Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	100 011/ 045 1-47		
				Depth Casing Shoe	
	Perforations				
		THRING CASING AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	0.00.00 0.100.00			
v	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil	and must be equal to or exceed top allow-	
٧.	OIL WELL	able for this de	epth or be jor just 24 hours		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			the Ej	Gas-MCF	
	Actual Prod. During Test	Oil-Bbls.	Water-Bble. JAN2 4 133	□ Gdm - MCF	
			L OH CO	1	
	GAS WELL		Bbis. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bots. Condensate/MMCF	Gravity or consensate	
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shute-In)	Carmy	0.000	
			OU CONSERVA	ATION COMMISSION	
VI.	CERTIFICATE OF COMPLIA	CERTIFICATE OF COMPLIANCE			
	•			1 2 4 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. (Signature) President. (Title) 1-22-85 (Date)		TITLE SUPERVISOR DISTRICT # 3 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.		