NO. O. CO+ - B REC	EIVEO	i		
DISTRIBUTIO				
SANTA FE				
FILE	FILE			
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
INAMPONIEN	GAS			
OPERATOR				

NEW MEXICO OIL CONSERVATION COMMISSION

Ì	SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110				
	FILE		AND	Effective 1-1-65				
-	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL GA	45				
	OIL							
	TRANSPORTER GAS							
	OPERATOR							
ı.	PRORATION OFFICE Operator			** . * . * . * . * . * . * . * . * . *				
. :	Wynn Oil Company, Inc.							
	3545 InterFirst Two.	Dallas Toyas 75270						
	Reason(s) for filing (Check proper box)	101103, 1EX83 13210	Other (Please explain)					
	New Well	Change in Transporter of: Oil Dry Gas	. 🗖					
	Recompletion Change in Ownership X	Oil Dry Gas Casinghead Gas Condens	— — I					
	If change of ownership give name		2545 1-4	D.11. T 75070				
	and address of previous owner	AAA Operating Company, I	nc 3345 Interfirst Iwo	, ualias, lexas /52/U-				
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.				
	Lease Name Largo Federal	2 the Chacra	a State, Federal					
	Location	O Onecii						
	Unit Letter I : 1	500 Feet From The FSL Line	e and 1100 Feet From T	he <u>FEL</u>				
	Line of Section 13 Tow	mship 27N Range	8W , NMPM, San J	uan County				
	DESIGNATION OF TRANSPORT	PER OF OUT AND NATURAL GAS	S					
111.	Name of Authorized Transporter of Oil	rer of OIL AND NATURAL GAS or Condensate	Address (Give address to which approve	i i				
	Giant Refining Company	у	P.O. Box 256, Farmingto Address (Give address to which approve	n, NM 87401				
	Name of Authorized Transporter of Cas	Inghead Gas Or Dry Gas X	P.O. Box 990, Farmingto					
	El Paso Natural Gas Co	Ompany Unit Sec. Twp. P.ge.	Is gas actually connected? When					
	If well produces oil or liquids, give location of tanks.							
***		th that from any other lease or pool, i	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 Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Date Spudded	Date Compt. Heady to 1102.						
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	Perforations			Depth Casing Shoe				
			CENTURE DECORD					
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	HOLE SIZE	CASINO & TODINO SIDE						
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil c	and must be equal to or exceed top allow-				
•	OII, WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif	t, etc.)				
	Date First New Oil Run 10 1 diks		DECEIV	<u> </u>				
	Length of Test	Tubing Pressure	Casing Pressure	ECHER BIE				
	Actual Prod. During Test	Oil-Bbls.	Water-Bble. JAN 2 4 1985	Gas-MCF				
	Added , 1001 Daving 1		L OIL CON. DI	<u> </u>				
			DIST. 3	,				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
			Casing Pressure (Shut-in)	Choke Size				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Suite 117)	J				
VI.	CERTIFICATE OF COMPLIAN	CE		TION COMMISSION				
			APPROVED JAN	24/1985				
	a lasta basa basa samalisi i	regulations of the Oil Conservation with and that the information given	Srank Lava					
	above is true and complete to the	e best of my knowledge and belief.	SUPERVISOR DISTRICT # 3					
	\cap		TITLE					
	(Sign	2n	The second secon	compliance with RULE 1104.				
	(Sign	dture)	well, this form must be accompa tests taken on the well in accor	SIAN NY A TANIJALIAN DI UMA MATARISM				
	116310	10116	Att mentions of this form my	at be filled out completely for allow-				
	•	itle)	able on new and recompleted wells.					
	1-22-8	35 ate)	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.					

ſ	NO. OF COTICE RECE	iven i						
ŀ								
Į	DISTRIBUTIO	N -	4					
	SANTA FE							
	FILE							
	U.S.G.S.							
	LAND OFFICE							
	IRANSPORTER	OIL						
	INANSPORTER	GAS						
	OPERATOR							
1.	PRORATION OF	ICE						
-	Operator							
	Wynn Oil Company,							

- 1	DISTRIBUTIO	N -	\dashv		CONSERVATION COMMISSION	Form C-104					
-	SANTA FE			REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65					
ļ	FILE		\dashv		AND						
- 1	U.S.G.S.			AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	L GAS					
	LAND OFFICE				·						
- 1	IRANSPORTER	OIL									
		GAS									
	OPERATOR										
1.	PRORATION OFF	ICE									
	Operator										
	Wynn Oil Co	ompany	, Inc.	•							
	Address										
				allas, Texas 75270							
	Reason(s) for filing (Check pro	per box)		Other (Please explain)						
	New Well	Щ		Change in Transporter of:							
	Recompletion	╚		Oil Dry G	as 📙	Ì					
į	Change in Ownership	·[X]		Casinghead Gas Conde	nsate						
	If change of owners and address of prev			AAA Operating Company.	Inc., 3545 InterFirst	Two, Dallas, Texas 75270					
	and address of pro-										
11.	DESCRIPTION OF	F WELL	AND	EASE							
	Lease Name			Well No. Pool Name, Including	Formation Kind of L						
	Largo Feder	ral		2 Blanco Mesa	verde State, Fed	deral or Fee Federal NM019402					
	Location										
	Unit LetterI		1500	Feet From The FSL L	ne and 1100 Feet Fr	om The FEL					
	Out Ferrer										
	Line of Section	13	Tow	mship 27N Range	8W , NMPM, Sa	n Juan County					
111.	DESIGNATION O	F TRAN	SPORT	TER OF OIL AND NATURAL G	AS						
	Name of Authorized	Transport	er of Oil	or Condensate X	Address (Give address to write ap	oproved copy of this form is to be sent)					
	Giant Refir	nina C	ompany	v	P.O. Box 256, Farmin	gton, NM 87401 proved copy of this form is to be sent)					
	Giant Refir	Transport	er of Cas	inghead Gas or Dry Gas X	?						
	El Paso Nat	tural	Gas Co	ompany	P.O. Box 990, Farmin						
	If well produces oil			Unit Sec. Twp. P.ge.	Is gas actually connected?	When					
	give location of tank	s.	•	. T 13 27N 8W							
			alad mit	h that from any other lease or pool	give commingling order number:						
137	COMPLETION D.		Brea wir	il that from any other reces of person							
. v .				Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.					
	Designate Typ	pe of Co	mpletio	$\mathbf{n} = (\mathbf{X})$	1						
	Date Spudded			Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	Elevations (DF, RKI	B. RT. GF	R. etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	Perforations Depth Casing Shoe										
					NO CEMENTING RECORD	- ALGUS GENENT					
	HOLE	SIZE		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
V.	TEST DATA AN	D REQU	EST F	OR ALLOWABLE (Test must be	after recovery of total volume of load depth or be for full 24 hours)	i oil and must be equal to or exceed top allow-					
•	OIL WELL			40.6 70" 1711		Dist. ste. her					
	Date First New Oil	Run To T	ank s	Date of Test	Producing Method The Turk &						
					Casing Pressure	Choke Size					
	Length of Test			Tubing Pressure	· · · · · ·	1					
					Water - Bbls.	God - MCF					
	Actual Prod. During	Test		Oil-Bbls.	OIL CO						
					D+	Ē.,					
	GAS WELL			T	Bbls. Condensate/MMCF	Gravity of Condensate					
	Actual Prod. Test-	MCF/D		Length of Test	Bare. Commendate/MMCF						
					Casing Pressure (Shut-in)	Choke Size					
	Testing Method (pil	tot, back	pr.)	Tubing Pressure (Shut-in)	Odered Linesons familiary						
						DVATION COMMISSION					
VI	CERTIFICATE	OF COM	IPLIAN	CE	OIL CONSE	RVATION COMMISSION JAN 24 1985					
					1	JAN 24 1000					
	I hereby certify th	at the ru	les and	regulations of the Oil Conservation	APPROVED South						
				with and that the information give e best of my knowledge and belie							
	Spoke is ture suc	. compre			SUPERVISOR DISTRICT # 3						
					TITLE						
	/	() .			This form is to be filed	d in compliance with RULE 1104.					
	//	()	We	2		attamphia for a newly drilled or deepened					
			(Sien	nature)		ompanied by a tabulation of the deviation accordance with RULE 111.					
			Presid		Att sections of this for	m must be filled out completely for allow-					
				itle)	able on new and recompleted wells. Fitl 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						
			1-22-8								
				Date)							
			•		Separate Forms C-104 must be filed for each poor in manager, completed wells.						

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	To	O TRAI	NSPC	RT OIL	AND NA	TURAL GA	\S	DI NI		
Operator D							Well A		New 2	200
Address L. P. Moore, I Address L. D. Box 7728. Response for Filing (Check proper box)	NC.						ا ع	0-0	45-20	276
for Box 7728	51	3	5 Tes	em bo	AT	5-prings	s , C	5. 8	047	7
Reason(s) for Filing (Check proper box)				_	Oth	(Please Expla	in)			Ì
New Well	Oil C	hange in T	Fransport Dry Gas							
Recompletion Change in Operator	Casinghead		Condens	-						
	ZYNN		Co	TN	10					
	/			-						
II. DESCRIPTION OF WELL	AND LEAS	Well No.	Pool Na	me, Includir	g Formation			f Lease		ase No.
LArgo Fed.		2	07	Ero C	Chac.	rA	State,	Federal or Fed	NMO	19402
Location					_					
Unit Letter	. /5	00	Feet Fro	m The	Line	and _//	7 <i>8</i> Fo	et From The		Line
Section /3 Township	27N		Range	8u) , N	мрм,	5AN	JUAN	/	County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Condens			RAL GAS	e address to wi	ich approved	copy of this f	orm is to be se	nt)
C X			(Bo	X 256	FAR	MINGTO	NIN	·
Name of Authorized Transporter of Casing	thead Gas		or Dry (Gas 🔼	Address (Giv	e address to wi	uch approved	copy of this f	orm is to be se	rd)
EPG.	I Hair I .	Sec.	Twp.	Rge.		y connected?	When		y W/II	
If well produces oil or liquids, give location of tanks.	Unit S		27N		18 gas actuali	y comiected.	[•		
If this production is commingled with that	from any other	r lease or p	ool, giv		ing order num	ber:				
IV. COMPLETION DATA								De la Desta	Icana Barba	hire north
Designate Type of Completion	- (X)	Oil Well 	G	ias Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl	. Ready to	Prod.		Total Depth		<u> </u>	P.B.T.D.	L	_
•										
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Fo	mation		Top Oil/Gas Pay Tubing D			Tubing Dep	kept h	
Perforations				Depth Casing Shoe						
								<u> </u>		
					CEMENTI	NG RECOR			SACKS CEM	ENT
HOLE SIZE	CAS	ING & TU	BINGS	IZE		DEPTH SET		 	SACKS CEIVI	
								-		
V. TEST DATA AND REQUES	ST FOR A	LLOWA	BLE		<u> </u>			- M	ec e	VE
OIL WELL (Test must be after t	recovery of tol	al volume	of load o	oil and must	be equal to o	r exceed top all	owable for thi	s dep to	for full 24 hou	rs.)
Date First New Oil Run To Tank	Date of Test					lethod (Flow, p			MAR22	1989
Length of Test	Tubing Pres				Casing Press	ure	 -	Choke Size		I DIV
Length of Year	I doing Fres	PILLE			Casing 110smile			THE SUPERIOR		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF		
					<u> </u>			1		
GAS WELL					Inc. A.			I Cervier of	Condenses	
Actual Prod. Test - MCF/D	Length of T	લ્કા			Bois. Conde	nsate/MMCF		Cravity of	Condensate	
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in) Chok			Choke Size	oke Size		
				_	<u> </u>					
VI. OPERATOR CERTIFIC				ICE		OIL CO	VSERV	ATION	DIVISIO	NC
I hereby certify that the rules and regu Division have been complied with and	lations of the	Oil Conser	vation en above		-		10LI IV		J. 4.010	- 1 1
is true and complete to the best of my	knowledge an	d belief.		-	Date	a Annrove	ad	PEAD O	0 4000	•
Da 10					Date Approved ——MAR 22 1989					
Jak. More				By						
Signature P. Mos	ore i	Presi	den	士	, 5-4					
Printed Name Title 3/23/84 303/874-4864					Title	.	SUPER	VISION	DISTRIC	r # 5
3/23/89 Date	3U3/8	Tele	ephone N							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.