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DISTRIBUTION			
SANTA FE		/_	
FILE		1	
U.5.G.S.		i	
LAND OFFICE		$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	
IRANSPORTER	OIL	1_	
	GAS	1/	
OPERATOR		11	
BRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION REQUIEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

SANTA FE	REQUEST F	-UR ALLUWABLE	Effective 1-1-65
FILE /		AND	
U.5.G.S.	- AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL GA	AS .
LAND OFFICE			
IRANSPORTER OIL			30-045-23460
GAS /		•	50 -043 - 23460
OPERATOR /	1		
	1		
PRORATION OFFICE			
Operator Con	anany Inc		
AAA Operating Com	ipany, inc.		
Address	T. L. Stingel Duilding	Dallac Toyas 75270	
Suite 3545 First	International Building,	Other (Please explain)	
Reason(s) for filing (Check proper box		Other (1 tease explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Gas	·	
Change in Ownership	Casinghead Gas Condens	sate	
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Increasing .	ermation Kind of Lease	
Federal J	2 Jarchacra	State, Federal	or Fee SF 078476
Location	10 Feet From The FSL Line	990	ne FEL
Unit Letter P : 11	IU Feet From The ISL Line	e and reet rom 1	
	0711 - 0	NMPM, San Juar) County
Line of Section 11 To	waship 27N Range 8	NMPM, San Juar	1 County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	S Address (Give address to which approv	ed copy of this form is to be sent)
Name of Authorized Transporter of Oi	or Condensate	Address (Give address to which approv	ea copy by this form is to be semi-
ļ			James of the form to an harman
Name of Authorized Transporter of Ca	singhead Gas cr Dry GasXXX	Address (Give address to which approx	
El Paso Natural Gas C	ompany	P.O. Box 990 Farmington, NM 87401	
	Unit Sec. Twp. P.ge.	Is gas actually connected? When	
If well produces oil or liquids, give location of tanks.		No	
		-ive commingling order number:	
If this production is commingled w	ith that from any other lease or pool,	give comminging order number.	
COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completi		XXX	
Designate Type of Compress		Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	4144'	
6-12-79	3-1-80		Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	
GR 6618'	Chacra	3887	4049'
Perforgues 4052,4042,4034	,4027,4022,3961,3950,3938	3,3932,3920,3917,3914,	Depth Casing Shoe
3909,3906,3894,3886,3	863		4143'
3909,3900,3091,0000,3	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	8 5/8	218	200 sx
12 3/4	4 1/2	4143	400 sx
7 7/8	1 1/2	4049	
	1 1/2	1013	
		f and and and and and	and must be equal to or exceed top allow
. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a able for this de	fier recovery of total volume of toda bit epth or be for full 24 hours.	and must be equal to an entree of another
OU WELL	Date of Test	Producing Method (Flow, pump, gas li)	
Date First New Cil Run To Tanks	Date of lest		DRICE NET
		Control Control	Choke Side
Length of Test	Tubing Pressure	Casing Pressure	
			100 -MCF
Actual Prod. During Test	Oil-Bbls.	Water - Bble.	1 6000 k
			MV6 10 1030
		\	
CAS WELL		/	012 000
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bhis. Condensate/MMCF	Gravity of Condenso
1	3 hours		
1520	Turing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	1	1030	3/4 T & C
Back Pressure	1030	I CONSERVA	ATION COMMISSION
. CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	1 0 1020
			1 8 1980
I hereby certify that the rules and	d regulations of the Oil Conservation	APPROVED	CHAVE7
Commission have been complied	with and that the information given	By Original Signed by FRAMK T	\ navc4
Some is true and complete to the best of my knowledge and belief.		}	
•	~ ·	TITLE SUPERVISOR DISTRICT # 3	
/ (P = P		
12 h land h	1. Duran	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep	
	(Signature) well, this form must be accompanied with RULE 111.		Mance with Rock
Geologist		Attacktions of this form must be filled out completely for al	
(omitted the completed walls.		E118.
3/15/80		Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of co	
	Date)	well name or number, or transpor	it be filed for each pool in multip
		Separate Forms C-104 must completed wells.	
		il combiered manner	