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SANTA FE			
FILE			ش
U.S.G. <b>S.</b>		<u> </u>	
LAND OFFICE			
IRANSPORTER	OIL	1/_	
	GAS	1	
OPERATOR			
PRORATION OFFICE			

	SANTA FE / REQUEST FO						Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
				AND					
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
	LAND OFFICE		MORIZATION TO TRO	(10. 01. 01. 01. 01. 01. 01. 01. 01. 01.					
	OIL /								
	TRANSPORTER GAS /				\$7,	0-045-23	461		
	OPERATOR /				50	, - 6, -, -			
	PROBATION OFFICE	-							
I.	Operator								
	AAA Operating C	ompany,	Inc.						
	Address	<u> </u>							
3545 First International Building, Dallas, Texas 75270									
	Reason(s) for filing (Check proper b	ox)		Other (Plea	se explain)				
	New Well	Chan	ge in Transporter of:						
	Recompletion	011	Dry Go	ıs 🔛			İ		
	Change in Ownership	Casi	nghead Gas Conde	nsate					
	If change of ownership give name and address of previous owner								
	•								
H.	DESCRIPTION OF WELL AN	D LEASE	No. Poci Name, Including F	ormation	Kind of Lease	•	Lease No.		
							SF078476		
		Federal J 1A Blanco Mesave			rde				
	Location	100	ECI	000		EEL			
	Unit Letter P; 1	180 Fee	t From The FSL Lir	ne and800	Feet From 7	The TLL	<del></del>		
	11		27 N	8 W , NMF	<sub>Рм</sub> , San	Juan	County		
	Line of Section 11	Township	27 N Range	8 W , MME	M, Sall	Juan	County		
		n#50 05	OVE AND NATURAL C	4.0					
Ш.	DESIGNATION OF TRANSPO	RIER OF	or Condensate [X]	Address (Give addres	s to which approx	ved copy of this form is t	obesent)		
	1	J		P 0 Roy 489	Rloomfie	ld, New Mexico	87413		
	Plateau, Inc.	Casinghead Go	as   cr Dry Gas X	Address (Give addres	s to which approx	ed copy of this form is t	o be sent)		
	1	_			990, Farmington, New Mexico 87401				
		Unit   Sec.   Two.   Ege.   Is gas actually connected?				0,10+			
	If well produces oil or liquids, give location of tanks.	1		No	į				
		f this production is commingled with that from any other lease or pool, give commingling order number:							
	If this production is commingled	with that fro	m any other lease or pool,	give comminging on					
IV.	COMPLETION DATA		Oil Well Gas Well	New Well Workove	Deepen	Plug Back   Same Res	s'v. Diff. Res'v.		
	Designate Type of Comple	tion - (X)	X	X					
	Date Spudded	Date Con	npl. Ready to Prod.	Total Depth		P.B.T.D.			
	6-18-79		3-1-80	5635					
	Elevations (DF, RKB, RT, GR, etc.	, Name of	Producing Formation	Top Oil/Gas Pay		Tubing Depth			
	GR 6620		Mesaverde	4520		5235			
	Perforations					Depth Casing Shoe			
	See Reverse Side 5633								
	TUBING, CASING, AND CEMENTING RECORD								
	HOLE SIZE	CA	SING & TUBING SIZE	DEPTH	SET	SACKS CEN	MENT		
	12-3/4"		8-5/8"	204'		176 sx			
	7-7/8"		4-1/2"	5633'		650 sx			
			1-1/2"	5235'		<u> </u>			
$\mathbf{V}$	TEST DATA AND REQUEST	FOR ALL	OWABLE (Test must be a oble for this d	after recovery of total vo Lepth or be for full 24 ho	urs)	and must be equal to or	exceed top attom-		
OH, WELL Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)									
	Date First New Cil Ran 18 Tanks	50.00.							
	N 7 7 7	Tubing F	lessure	Casing Pressure		Choke Size			
	Length of Test				ø		\		
	Actual Prod. During Test	Oil-Bhl	J.	Water - Bbis.		Gas-MOF			
	Actual Pion. Samily				# # *	MARTERIA			
	GAS WELL						<i></i>		
	Actual Frod. Test-MCF/D	Length o	f Test	Bbls. Condensate/Mi	ACF	Gravity of Condensate	/		
	3012	3	Hours						
	Testing Method (pitot, back pr.)	Tubing F	: essure (Shut-in)	Casing Pressure (Sh	ut-in)	Choke Size			
	Back Pressure	11	20	1120		3/4 T & C			
VI	CERTIFICATE OF COMPLI	ANCE		OIL	CONSERVA	ATION COMMISSIO	N		
٧,	CERTIFICATE OF COMPE				NAAM 1	8 <b>1980</b>	10		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	WAA_1	<del>- 0 1300</del> -	, 13			
					ed by FRANK T	(HAVEZ			
Commission have been complied with and the self of my knowledge and belief. shove is true and complete to the best of my knowledge and belief.			11						
•				TITLE SUPERVISOR DISTRICT # 3					
	× (,	$\bigcirc$	/	This form is	This form is to be filed in compliance with RULE 1104.				
Larry D. Briefly			11	Il and the attempts for a newly drilled or deepened					
(Signature)				well, this form must be accompanied by a tabulation of the covactation to the covactation of the covactation					
	Geologist	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.							
	Georograt								
	7 (Title)								
	0 10 00	(Date)		II wall same or but	her or transpor	ter or other such chen	Se of course		
				completed wells.	ins C-104 mus	it be filed for each ;	, = · · · · · · · · · · · · · · · ·		

## IV. Perforations:

5401, 5386, 5375, 5523, 5437, 5367, 5358, 5531, 5435, 5377, 5364, 5295, 5272, 5353, 5301, 5335, 5320, 5306, 5291, 5286, 5280, 5275, 5227, 5252, 5249, 5263, 5240, 5237, 5233, 5224, 5269, 5266, 5258, 5187, 5205, 5201, 5192, 5221, 5218, 5215, 5211, 5195, 5182, 5177, 5145, 5141, 5129, 5126, 5155, 5133, 5116, 5152, 5148, 5171, 5122, 5090, 5068, 5108, 5103, 5093, 5082, 5078, 5065, 5063, 5111, 5105, 5011, 4988, 5043, 4993, 5024, 5022, 5014, 5057, 5032, 5017, 5008, 4965, 4953, 4973, 4961, 4959, 4955, 4970, 4945, 4984, 4977, 4950, 4926, 4924, 4919, 4912, 4941, 4938, 4935, 4909, 4892, 4890, 4915, 4870, 4867, 4855, 4863, 4847, 4887, 4883, 4881, 4874, 4860, 4841, 4817, 4812, 4830, 4796, 4834, 4828, 4814, 4808, 4838, 4805, 4802, 4777, 4774, 4632, 4635, 4789, 4783, 4628, 4625, 4616, 4621, 4611, 4602, 4599, 4607, 4605, 4595, 4528.

