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SANTA FE					
FILE		1			
U.S.G.S.		İ			
LAND OFFICE					
IRANSPORTER	OIL	1			
	GAS	/			
OPERATOR		1			
PROBATION OFFICE		1			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE /	REQUEST	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65		
FILE / T	AUTHODIZATION TO TRA	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
LAND OFFICE	AUTHORIZATION TO TRA	HOI OKT OIL AND HAT	OKAL GAS			
TRANSPORTER OIL /		30-045-23463				
OPERATOR /		30 - 045 - 2346 >				
PRORATION OFFICE						
AAA Operating Compan	y, Inc.					
3545 First Internation	onal Building, Dallas, T	exas 75270				
Reason(s) for filing (Check proper box)		Other (Please exp	lain)			
New We!I X	Change in Transporter of: Oil Dry Gas					
Recompletion Change in Ownership	Casinghead Gas Conden	77				
If change of ownership give name and address of previous owner						
I. DESCRIPTION OF WELL AND I	EASE					
Lease Name	Well No. Pool Name, including Fo		nd of Leas e ite, <u>Federal</u> or Fe	Lease No. SF078476		
Federal E	3A Blanco Mesave	i de		31070170		
	O Feet From The FSL Line	e and <u>1440</u> F				
Line of Section 13 Tow	nship 27N Range	8 W , NMPM,	San Ju	an County		
Name of Authorized Transporter of Oil	FR OF OIL AND NATURAL GA	S Address (Give address to w	hich approved cop	by of this form is to be sent)		
Plateau, Inc.	C. Contentation (20)	1		New Mexico 87413 by of this form is to be sent)		
Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 🚶	!		I		
El Paso Natural Gas	Company Unit Sec. Twp. Page.	P. O. Box 990, I		New Mexico 87401		
If well produces oil or liquids, give location of tanks.	1	No				
If this production is commingled wit V. COMPLETION DATA	h that from any other lease or pool,			D. V. Co., D. H. D.W. Boots		
Designate Type of Completio	n - (X) Gas Well		Deepen Plug 	Back Same Res'v. Diff. Res'v.		
Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.	T.D.		
5-11-79	3-3-80	5565				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O:1/Gas Pay 4552	Tubi	ing Depth 5239		
GR 6575	Mesaverde	4332	Dept	th Casing Shoe		
See Reverse Side				5564		
	TUBING, CASING, AND	DEPTH SET		SACKS CEMENT		
12-3/4"	8-5/8"	205		200 sx		
6-3/4"	4-1/2"	5563		680 sx		
	1-1/2"	5239				
V. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume	of load oil and mi	ist be equal to or exceed top allow-		
OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, p		The second secon		
Date First New Oil Run To Tanks	Date of Test		100	. 3		
Length of Test	Tubing Pressure	Casing Pressure	2 kg 1 kg	KA EPS		
Actual Prod. During Test	Oil-Bble.	Water - Bbls.	1031	1.2 1980		
Actual Prod. Bulling 1991			1 -1	COM COMP		
	-		10.0	DIST. 3		
GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate/MMCF	G.	utty of Condensate		
3350	3 Hours	Casing Pressure (Shut-is	Cha	ke Size		
Testing Method (pitot, back pr.)	Tubing Pressure(shut-in) 1180	1180	., Cho	3/4 T & C		
Back Pressure VI. CERTIFICATE OF COMPLIANO	<u> </u>	<u> </u>	NSERVATIO	N COMMISSION		
		ABBROVED	MAR 1_8	3_1980, 19		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given Commission have been complete to the best of my knowledge and belief.		BY Original Signed by FRANK T. CHAVEZ				
		BY Uriginal Signed B	BY Original Signed by Havina 14.2			
		11	E SUPERVISOR DISTRICT # 3			
This form is to be filed in compliance wi			for a newly drilled or deepened			
This form is to be filed in compliance with RULE 11 If this is a request for allowable for a newly drilled of well, this form must be accompanied by a tabulation of the well, this form must be accompanied by a tabulation of the well, this form must be accompanied by a tabulation of the well, this form must be accompanied by a tabulation of the well, this form must be accompanied by a tabulation of the well, this form must be accompanied by a tabulation of the well, this form must be accompanied by a tabulation of the well to be a tabulation of the well to be accompanied by a tabulation of the well to be a tabula			PA W INDUINITION OF THE CEATERION.			
Genlogist.			WILL ROLL IIII			
(Title) able on new and recompleted wells.			and MM for changes of owner.			
well name of		II wall same or number.	Fill out only Sections I, II, III, and VI for changes of owner, name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply			
, ,	•	Separate Forms completed wells.	C-104 must be	filed for each pool in multiply		

IV. Perforations:

5322, 5421, 5418, 5384, 5376, 5483, 5481, 5462, 5459, 5467, 5436, 5281, 5306, 5287, 5237, 5311, 5300, 5293, 5279, 5274, 5316, 5309, 5319, 5252, 5235, 5233, 5231, 5250, 5245, 5270, 5272, 5260, 5248, 5189, 5206, 5204, 5180, 5177, 5223, 5211, 5208, 5226, 5221, 5229, 5158, 5165, 5160, 5148, 5142, 5138, 5162, 5135, 5174, 5167, 5152, 5074, 5092, 5068, 5071, 5100, 5132, 5109, 5126, 5121, 5129, 5123, 5033, 5029, 4965, 4962, 4959, 5039, 4918, 5045, 5042, 4922, 5048, 4833, 4852, 4915, 4898, 4855, 4839, 4895, 4912, 4908, 4904, 4900, 4788, 4782, 4779, 4785, 4791, 4817, 4794, 4776, 4827, 4797, 4820, 4764, 4770, 4747, 4615, 4741, 4736, 4718, 4712, 4767, 4759, 4753, 4749, 4620, 4618, 4610, 4598, 4587, 4574, 4647, 4635, 4650, 4662, 4571, 4568, 4564, 4562, 4559, 4556.

