NO. OF COPIES RECE	IVED		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
IRANSPORTER	GAS		
OPERATOR			
		1	1

NEW MEXICO ϕ IL CONSERVATION COMMISSION

Form C-104

Į	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
	FILE	AUTHORIZATION TO TRAN	AND ISPORT OIL AND NATURAL G	A S
-	LAND OFFICE	AUTHORIZATION TO TRAI	TO THE AND MATURAL OF	
t	TRANSPORTER OIL			
	GAS			
1	OPERATOR			
ı.	PRORATION OFFICE Operator			
į	R. C. Wynn			
	Address	0-11-0 Toyac 75270		
	3545 InterFirst Two. D Reason(s) for filing (Check proper box)	Jailas, lexas 75270	Other (Please explain)	
	New Weil	Change in Transporter of:		
	Recompletion	Oil Dry Gas Casinghead Gas Condens	. 	
	Change in Ownership X			
	If change of ownership give name and address of previous owner	A Operating Company, In	c 3545 InterFirst Iwo	Dallas, Texas 75270
11.	DESCRIPTION OF WELL AND L	Well No. Pool Maine, merading .	ormation Kind of Lease	
	Federal E	2 Largo Chacra	State, Federa	or Fee Federal \$F078478
	Location			
	Unit Letter G : 1620	Feet From The FNL Line	e and 1380 Feet From	The ILL
	Line of Section 23 Tow	nship 27N Range 8	W , NMPM, San Ju	an County
ш.	DESIGNATION OF TRANSPORT	Or Condensate X	S Address (Give address to which appro-	ved copy of this form is to be sent)
	Ciant Dofining Company	·	P.O. Box 256, Farmingt	on, NM 87401
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas A	Address (Give address to which appro P.O. Box 990, Farmingt	
	El Paso Natural Gas Co			en O7401
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. rige.		
	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 Completion	CII ii Sii		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
			Top Oil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	10p 0m/ 0mb 1 m/	
	Perforations			Depth Casing Shoe
		TUDING CASING AN	D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	HOLE SIZE			
W	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be	after recovery of total volume of load oi epth or be for full 24 hours)	l and must be equal to or exceed top allow-
•	OIL WELL	Date of Test	Producing Method (Flow, pump, gas	lifi, etc.)
	Date First New Oil Run To Tanks	Date of 1991	Casing P. Aure	(2)
	Length of Test	Tubing Pressure	Casing Parties and Article State Control of the Con	Choke Size
		Oil - Bbls.	Water-Bbls. JAN2 4 1935	Gas-MCF
	Actual Prod. During Test	On-Bbie.		
		<u></u>	OIL COM. D	4 √
	GAS WELL	I that Tool	Bbls. Condensate/MMCF 3	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			OU CONSERV	ATION COMMISSION
v	I. CERTIFICATE OF COMPLIAN	NCE	OIL CONSERV	~ 4 460 F
			APPROVED TAN	9, 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)		BY_ Trank	J. Javes
			811	JPERVISOR DISTRET # 3
			TITLE	Thomas with But E 1104.
				n compliance with RULE 1104. lowable for a newly drilled or deepene
			well, this form must be account	cordance with RULE 111.
			Att services of this form	must pe tilled off combinerall for arro-
			able on new and recompleted	and an for changes of owner
		22-85 Date)	I wall name or number, or trainer	,01(0.) 0. 0
	· ·	Dute/	Separate Forms C-104 m	nust be filed for each pool in multip

			_
NO. OF COPIES REC	CIVED	<u> </u>	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.		<u> </u>	
LAND OFFICE			
TRANSPORTER	OIL		
I NAME ON LEN	GAS		
OPERATOR			
PRORATION OFFICE			

	DISTRIBUTION SANTA FE	1	DNSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110	
	FILE		AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS	
1	LAND OFFICE			· ·-	
	TRANSPORTER GAS				
	OPERATOR]			
1.	PRORATION OFFICE Operator				
	R. C. Wynn				
	3545 InterFirst Two,	Dallas, Texas 75270			
	Reason(s) for filing (Check proper box		Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion Change in Ownership X	Oil Dry Gas Casinghead Gas Condens	~		
			2545 1 4 5' 4 7	D.11 T. 75070	
		NAA Operating Company, In	c., 3545 InterFirst Iwo	, Dallas, Lexas /52/0	
11.	DESCRIPTION OF WELL AND Lease Name	LEASF. Well No. Pool Name, Including Fo		1 - 1	
	Federal E	2 Blanco Mesaver	de State, Federal	F078478 \$F078478	
	Unit Letter G ; 162	Peet From The FNL Line	and 1380 Feet From 7	rhe FEL	
	Line of Section 23 To	wnship 27N Range 8	W , NMPM, San Jua	County	
111.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which approx	yed copy of this form is to be sent)	
	Name of Authorized Transporter of OI Giant Refining Compar Name of Authorized Transporter of Ca		P.O. Box 256, Farmingto Address (Give address to which approx		
			P.O. Box 990, Farmingto		
	El Paso Natural Gas (If well produces oil or liquids,	Unit Sec. Twp. Pge.	Is gas actually connected? Whe		
	give location of tanks.	G 23 27N 8W			
IV.	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completi				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
			CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a able for this de	pth or be for full 24 hours)	and must be equal to or exceed top allow-	
	Date First New Oil Run To Tanks	Date of Test	Producing Method Flow, pump, sas li	ft, etc.) -	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls. JAN 2 4 1985	Gas-MCF	
			OIL CON. D	N	
			DIST. 3	·	
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI	CERTIFICATE OF COMPLIAN	NCE	OIL CONSERVA	ATION COMMISSION	
			APPROVED JAI	1 9 4 1985 . 19	
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.		BYSrank). Savey			
	(Signature)		TITLESUPERVISOR DISTRICT # 3		
			This form is to be filed in	compliance with RULE 1104.	
(Signature)		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.			
	1-22-		Title and only Sections I	if Iti and VI for changes of owner,	
		Date)	well name or number, or transporter, or other such change of condition.		

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.