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IRANSPORTER	OIL			
TRANSFORTER	GAS			
OPERATOR				
PRORATION OF				
Operator				
R. C. Wynn				
Address	_			

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS	REQUEST I	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-11(Elfective 1-1-65
1.	PRORATION OFFICE			
	R. C. Wynn			
	Address 3545 InterFirst Two, Dallas, Texas 75270 Reason(s) for filing (Check proper box) Other (Please explain)			
	New We!l	Change in Transporter of: Oil Dry Gas		
	Change in Ownership X	Casinghead Gas Conden	sate	
	If change of ownership give name and address of previous owner	AAA Operating Company, I	nc., 3545 InterFirst Two	, Dallas, Texas 75270
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.
	Federal E	1 Lange Chacr	a State, Federal	or Fee Federal \$F078480
	Location Unit Letter;148	30 Feet From The FSL Line	e and 830 Feet From T	heFWL
	0.5		W , NMPM, San Jua	
	2			
Ш.	DESIGNATION OF TRANSPORT	or Condensate X	S Address (Give address to which approve	ed copy of this form is to be sent)
	Giant Refining Company Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	P.O. Box 256, Farmingto Address (Give address to which approve	n, NM 87401 ed copy of this form is to be sent)
	El Paso Natural Gas Cor		P.O. Box 990, Farmingto	n, NM 87401
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? When	n
	give location of tanks. 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 Completio	n - (X)	Total Depth	P.B.T.D.
	Date Spudded	Date Compl. Heady to Floa.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
	Perforations	<u></u>	<u> </u>	Depth Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil o pth or be for full 24 hours)	and must be equal to or exceed top allow-
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	i, eic.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			Water-Bble. JAN 2 4 1385	Gas-MCF
	Actual Prod. During Test	Oil-Bble.	JANZ 1330	
	OIL CON DIST. 3			3 4 ·
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	VI. CERTIFICATE OF COMPLIANCE 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.		OIL CONSERVA	TION COMMISSION
			APPROVED	1985, 19
(Signature)		TITLESUPERVI	SOR DISTRICT # 3	
		If this is a request for allow well, this form must be accompa-	compliance with RULE 1104. rable for a newly drilled or deepened interest to the deviation of the deviation dance with RULE 111.	
	President (Tule)		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
1-22-85		Fill out only Sections I, II, III, and VI for changes of owner,		

(Date)

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.

	···		
HO. OF COPIES REC		1	
DISTRIBUTION			
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LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION

SANTA FE		l .	FOR ALLOWABLE	Supersedes Old C-104 and C-116
	FILE		AND	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS
	LAND OFFICE			
	TRANSPORTER OIL			
	GAS			
	OPERATOR			
I.	PRORATION OFFICE Operator	L		
	R. C. Wynn			
	Address			
	3545 InterFirst Two, Da			
	Reason(s) for filing (Check proper box)		Other (Please explain)	İ
	New We!1	Change in Transporter of: Oil Dry Ga	. 🗂	
	Recompletion Change in Ownership X	Casinghead Gas Conden	一一	
	Change in Switching (A)			
	If change of ownership give name	AAA Operating Company I	nc . 3545 InterFirst Iwo	Dallas, Texas 75270
	and address of previous owner	and operating company, -	110	,
11.	DESCRIPTION OF WELL AND I	LEASE	ormation Kind of Lease	Lease No.
	Lease Name	Well No. Pool Name, Including Fo	State Federal	_
	Federal E	<u> </u>	erde State, reder	or Fee Federal SF078480
	Location	FOL	. 020	rhe FWL
	Unit Letter : 148	Feet From The FSL Lin	e and 830 Feet From 1	ne THE
	Line of Section 25 Tow	vaship 27N Range 8	SW , NMPM, San	Juan County
Ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to which approx	ed copy of this form is to be sent)
	Name of Authorized Transporter of Oil			
	Giant Refining Company Name of Authorized Transporter of Cas	singhead Gas or Dry Gas X	P.O. Box 256, Farmingto Address (Give address to which approv	ord copy of this form is to be sent)
	El Paso Natural Gas Con		P.O. Box 990, Farmington, NM 87401	
		Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	
	If well produces oil or liquids, give location of tanks.	L 25 27N 8W		
	If this production is commingled wit		give commingling order number:	
IV.	COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio	on - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
			Total Depth	P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Total Deptii	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD				
			DEPTH SET	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEF TH GET	
				<u>i. </u>
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil	and must be equal to or exceed top allow-
•	OIL WELL	able joi titta oc	epth or be for full 24 hours) Producing Method (Flow, pump, gas li	ft, etc.)
	Date First New Oil Run To Tanks	Date of Test		إسحاري ساء وساور
	Length of Test	Tubing Pressure	Casing Pressure	Choke:Size
	Length of Teet			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls. JAN 2 4	1085-MCF
			OIL CON	
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of 100t		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	Tabling Warner (Inner)			
WI	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION
¥1	VI. CERTIFICATE OF COMPLIANCE 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.		- IA	N 1985 . 19
			APPROVED	
			BV	
above is true and complete to the best of my knowledge and belief		SUFE	RVISOR DISTRICT St. \$	
			TITLE	
(Signature)		This form is to be filed in	compliance with RULE 1104.	
			wable for a newly drilled or despense anied by a tabulation of the deviation	
	(Signature) President (Title) 1-22-85		Il tasts taken on the Well In acco	Idence with HOCE
			his on new and recompleted W	ust be filled out completely for allow ells.
			Till and only Sections I I	II. III, and VI for changes of owner ter, or other such change of condition
1-22-00			II	THE DE CLUBE BUCK CHARKS OF CONCINCE

(Date)

All sections of this form must be littled out completely for allow able 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