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DISTRIBUTION				
SANTA FE		1		
FILE				
U.S.G.S.		<u> </u>		
LAND OFFICE		<u> </u>		
TRANSPORTER	OIL	1		
	GAS	i/	_	
ORERATOR		17		

	BISTRIBUTION		ONSERVATION COMMISSION	Form C-104		
	SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C Effective 1-1-65				
	FILE /	AND				
1	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	AS		
	LAND OFFICE					
	TRANSPORTER OIL					
	GAS /		n:	ne so nic asife		
	OPERATOR		K	P1 30-045- 2346 5		
	PRORATION OFFICE					
1.	Operator					
	AAA OPERATING COMPAN	NY. INC.				
	Address					
	1808 CAMPBELL CENTRE DALLAS, TEXAS 75206					
	Reason(s) for filing (Check proper box)		ome (Freeze Expanse)			
	New We!1	Change in Transporter of:				
	Recompletion	OII Dry Gas	<u> </u>			
	Change in Ownership	Casinghead Gas Conden	sate			
	If change of ownership give name					
	and address of previous owner					
	DESCRIPTION OF WELL AND I	LEASE				
11.	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease	j =		
	Federal E	2A Blanco Mesa	vende State, Federa	cr Fee SF 078478		
		Erdileo Piesa	VOIGO			
	Location					
	Unit Letter; E	350_ Feet From TheSouth_Lin	e and 1635 Feet From	he Lasi		
			(2			
	Line of Section 23 Tow	mship 27N Range	8W , NMPM, San Ju	an, County		
		,				
ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to which approv	de la contraction de la contra		
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to union approx	ea copy of this form is to be sent)		
	l Plateau		P.O. Box 489 Bloomfiel	d. NM 87413		
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X X	Address (Give address to which approx	ed copy of this form is to be sent)		
			P.O. Box 990 Farmingto	on. NM 87401		
	El Paso Natural Gas	Unit Sec. Twp. Pge.	Is gas actually connected? Whe			
	If well produces oil or liquids,		No			
	give location of tanks.	1				
	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		1			
	1		XX	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.		
	4-25-79	8-6-79	48501			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	GR 5962'	BLANÇO MESAVERDE	3838	4476!		
	Perforations	DEMNOO MESATELLE		Depth Casing Shoe		
	SEE REVERSED S	SIDE		4823'		
	TUBING, CASING, AND CEMENTING RECORD					
			DEPTH SET	SACKS CEMENT		
	HOLE SIZE		200'	200 sx.		
	9 7/8	8 5/8	<u> </u>	450 sx.		
	6 1/4	4 1/2	48381			
V	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-		
•	OU WELL	2010 /0 11111 11	Producing Method (Flow, pump, gas li			
	Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
				FChoke Size		
	Length of Test	Tubing Pressure	Casing Pressure	Chore size		
			· · · · · · · · · · · · · · · · · · ·	100		
	Actual Prod. During Test	Cil-Bbis.	Water - Bble.	Ggs-MCF		
	Actor Control			131313		
				AUG 13 1979 OIL CON. COM.		
	CAS WELL		1	OIL CON. 2		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravit DA Gapadational		
	2034 Testing Method (pitot, back pr.)	3 Hours Tubing Pressure(shut-in)	Cosing Pressure (Shut-in)	Choke Sraw		
	1		987	3/4 T & C		
	Back Pressure	987		TION COMMISSION		
VI	. CERTIFICATE OF COMPLIAN	RTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION		A HON COMMISSION		
		•	APPROVED All Signed by A. R. Kondries			
	I hereby certify that the rules and	regulations of the Oil Conservation				
			Original premer ry			
	Commission have been complete with and that the intermediate and belief. above is true and complete to the best of my knowledge and belief.		TITLE SUPER.			
	0011		This form is to be filed in	This form is to be filed in compliance with RULE 1104.		
	PC Wr	If this is a request for allowable for a newly drilled or dea well, this form must be accompanied by a tabulation of the deater. (Signature) If this is a request for allowable for a newly drilled or deater. well, this form must be accompanied by a tabulation of the deater. tests taken on the well in accordance with RULE 111.				
	(Sign					
	PRESIDENT (Title) All sections of this form must be filled out completely for able on new and recompleted wells.			ust be filled out completely for allow-		
				erra.		
	•	•	Fill out only Sections I.	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.		
	7-31-79	ate)	well name or number, or transporter, or other such change of condition.			
	טן	u,	Separate Forms C-104 mus	st be filed for each pool in multiply		
			completed wells.			

PERFORATIONS:

3838,42,44,47,64,71,75,77,81,85,86,92,93,3900,04,05,12,13,25,32,36,40,42,51,60,80,4007,11,12,22,34,45,51,56,58,67,69,76,79,84,85,90,95,4104,07,11,12,16,19,21,31,34,37,41,46,55,62,74,77,81,90,96,42,60,84,91,4205,06,17,19,22,25,32,46,55,60,62,67,75,77,4281,4305,19,45,56,67,93,4412,24,39,49,58,79,86,94,98,4502,06,12,17,31,35,44,48,52,61,87,92,99,4610,38,70,4713,22,47,53,61,71