| NO. OF COPIES RECE | IVED | |
|--------------------|------|--|
| DISTRIBUTIO | | |
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| IRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PROBATION OF | | |

| | DISTRIBUTION | NEW MEYICO OIL C | ONSERVATION COMMIS | FION | B. 6 |
|-----|--|--|--|-----------------------|--|
| | SANTA FE | | FOR ALLOWABLE | SION | Form C-104 Supersedes Old C-104 and C-110 |
| | FILE | | AND ['] | | Effective 1-1-65 |
| | u.s.g.s. | AUTHORIZATION TO TRA | NSPORT OIL AND NA | TURAL GAS | |
| | LAND OFFICE | | | | |
| | TRANSPORTER GAS | | | | |
| | OPERATOR | | | | |
| 1. | PRORATION OFFICE | | | | |
| | R. C. Wynn | | | | |
| | Address | | | | |
| | 3545 InterFirst Two, | Dallas, Texas 75270 | • | | |
| | Reason(s) for filing (Check proper box) | | Other (Please e | xplain) | |
| | New Well | Change in Transporter of: Oil Dry Gar | | | |
| | Recompletion Change in Ownership X | | sate A | | |
| | | | | | |
| | If change of ownership give name and address of previous owner A | AA Operating Company, In | ıc., 3545 InterFi | rst Two, Da | llas, Texas 75270 |
| | | | | | |
| 11. | DESCRIPTION OF WELL AND I | Well No. Pool Name, Including Fo | ormation K | ind of Lease | Lease No. |
| | Federal E | 3 Chacra | s | tate, Federal or Fe | * Federal SF078476 |
| | Location | | | | |
| | Unit Letter D; 79 | O Feet From The FNL Line | e and /90 | Feet From The | FWL |
| | Line of Section 13 Tow | rnship 27N Range 8 | W , NMPM, | San Juan | County |
| | Elife of Section 13 | 7/1 | | <u> </u> | |
| Ш. | DESIGNATION OF TRANSPORT | or Condensate | S Address (Give address to | which approved cor | by of this form is to be sent) |
| | Name of Authorized Transporter of Oil | | | | |
| | Giant Refining Compan | Inghead Gas or Dry Gas X | Address (Give address to | which approved cop | NM 87401 by of this form is to be sent) |
| | El Paso Natural Gas Co | | P.O. Box 990, F | | NM 87401 |
| | If well produces oil or liquids, | Unit Sec. Twp. Rge. | Is gas actually connected | ? ¦When | |
| | give location of tanks. | | | | |
| IV. | If this production is commingled wit COMPLETION DATA | h that from any other lease or pool, | | | |
| | Designate Type of Completio | n - (X) | New Well Workover | Deepen Plug | Back Same Restv. Diff. Restv. |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B. | T.D. |
| | Date Spadded | , | , | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubi | ng Depth |
| | | | <u> </u> | Dept | h Casing Shoe |
| | Perforations | | | | • |
| | | 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) able for this de | fter recovery of total volume pth or be for full <u>24</u> hours) | of load oil and mu | ist be equal to or exceed top allow- |
| | OIL WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, | pump, gas lift, etc. | , |
| | | | | | |
| | Length of Test | Tubing Pressure | Casing Pressure 58 | N2 4 1985 | ke Slav |
| | Actual Prod. During Test | Oil-Bbls. | | | -MCF |
| | Actual Prod. During 1991 | | OIL | | |
| | I | | | DIST. 3 | |
| | GAS WELL | T: | Bbls. Condensate/MMCF | Gem | rity of Condensate |
| | Actual Prod. Test-MCF/D | Length of Test | Bbis. Condensate/MMCF | l dia | Atty of Condensate |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-i | D) Chol | ke Size |
| | | | | | |
| VI. | CERTIFICATE OF COMPLIAN | C E | OIL CO | | N COMMISSION |
| | | And the Oil Consequence | APPROVED | JAN 2 | ± /385 , 19 |
| | I hereby certify that the rules and r Commission have been complied w | vith and that the information given | <u> </u> | Trank (| |
| | above is true and complete to the best of my knowledge and belief. | | BY | duponus | Jav z |
| | \bigcap | TITLÉ | | OR DISTRICT # 3 | |
| | 11/1/1 | This form is to 1 | e filed in compl | ience with RULE 1104. | |
| | Kluz | 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. 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. | | | |
| | (Kigna Procidor: | | | | |
| | Presiden: | | | | |
| | 1-22-85 | | | | |
| | (Da | well name or number, or transporter, or other such change of conditions Separate Forms C-104 must be filed for each pool in multiply | | | |
| | | | completed wells. | | |

| NO. OF SUPIES RECE | IVED | |
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| DISTRIBUTIO | N | |
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| IRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OF | ICE | |
| Operator | | |
| R. C. Wynn | | |
| Address | | |

| | DISTRIBUTION SANTA FE | | ONSERVATION COMMISSION FOR ALLOWABLE | Form C-104 Supersedes Old C-104 and C-110 | |
|--|---|---|---|--|--|
| | FILE U.S.G.S. | AUTHORIZATION TO TRAI | AND NSPORT OIL AND NATURAL G | Effective 1-1-65 | |
| ļ | LAND OFFICE | | | | |
| | TRANSPORTER GAS | • | | | |
| | OPERATOR PROPATION OFFICE | | | | |
| 1. | Operator Operator | | | | |
| | R. C. Wynn | | | | |
| | 3545 InterFirst Two, Reason(s) for filing (Check proper box) | Dallas, Texas 75270 | Other (Please explain) | | |
| | New Well | Change in Transporter of: | | | |
| | Recompletion | Oil Dry Gas | ⊢ | | |
| , | Change in Ownership X | Casinghead Gas Condens | | | |
| | If change of ownership give name A | AA Operating Company, In | c., 3545 InterFirst Two | Dallas, Texas 75270 | |
| 11. | DESCRIPTION OF WELL AND I | Well No. Pool Name, Including Fo | rmation Kind of Lease | Lease No. | |
| Federal E 3 Blanco Mesaverde State, Federal or Fee Federal | | | | or Fee Federal SF078476 | |
| | Location 7.0 | OFeet From TheFNLLine | and 790 Feet From T | rhe FWL | |
| | Unit Letter U ; 19 | | | _ | |
| | | raship 27N Range 8 | | Juan County | |
| III. | DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil | or Condensate X | Address (Give address to which approv | | |
| | Giant Refining Compan Name of Authorized Transporter of Cas | y inghead Gas or Dry Gas X | P.O. Box 256. Farming Address (Give address to which approv | ton, NM 87401 ed copy of this form is to be sent) | |
| | El Paso <u>Natural Gas C</u> | ompa n v | P.O. Box 990, Farming | | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | Is gas actually connected? | en . | |
| | l.' | h that from any other lease or pool, in | give commingling order number: | | |
| IV. | COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Restv. Diff. Restv. | |
| | Designate Type of Completion | | i i i | P.B.T.D. | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.1.D. | |
| | 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 | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| | | | | | |
| | | | | | |
| v. | TEST DATA AND REQUEST FOOL WELL | OR 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, gas li | ft, etc.) | |
| | Length of Test | Tubing Pressure | Casing Pressery | Choke Size | |
| | | Oil-Bbls. | Water-Bble. JAN 2 4 19 | SGGs-MCF | |
| | Actual Prod. During Test | 0 22 | 0.11 | | |
| CAS WELL DIST. 3 | | | | DIV, | |
| | 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 | |
| | | | OU CONSERVA | ATION COMMISSION | |
| VI | CERTIFICATE OF COMPLIANCE | | ΙΔ | N 2 4 1985 | |
| ٠ | a lasta basa samalisi i | regulations of the Oil Conservation with and that the information given | Srank | Jan | |
| | Commission have been complete to the best of my knowledge and belief. (Signature) President (Title) 1-22-85 (Date) | | SUPERVISOR DISTRICT # 3 | | |
| | | | TITLE | anneliance with BILL E 1104. | |
| | | | This form is to be filed in compliance with RULE 1104. 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. All sections of this form must be filled out completely for allowable on new and recompleted wells. | | |
| | | | | | |
| | | | | | |
| | | | The second sections I was the and VI for changes of owner | | |
| | | | well name or number, or transporter, or other such change of condition. | | |

weil 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.