ſ	NO. OF C IES F-CEIVED				
-	DISTRIBUTION				
1	SANTA FE				
1	FILE				
Ì	U.S.G.S.				
	LAND OFFICE				
1	IRANSPORTER	OIL			
	TRANSFORTER	GAS			
	OPERATOR				
١.	PRORATION OFFICE				
	Operator				
•	R. C. Wynn				
	Address				
	3545 InterFirst Two				
	Reason(s) for filing (Check proper bo				
	New Well	\Box			

SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
FILE U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE	AUTHORIZATION TO TRAI	NSPURT UIL AND NATURAL GA	,	
TRANSPORTER OIL]			
GAS	4			
PRORATION OFFICE	-			
Operator				
R. C. Wynn				
Address	D-11 T 75270			
Reason(s) for filing (Check proper box	Dallas, Texas 75270	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion Change in Ownership X	Oil Dry Gas Casinghead Gas Condens	二 二		
Change in Ownership A				
If change of ownership give name and address of previous owner	AAA Operating Company, I	nc., 3545 InterFirst Two	, Dallas, TX 75270	
·				
DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo		Lease No.	
Federal D	1 Blanco Mesave	rde State, Federal	or Fee Federal SF078478	
Location			FFI	
Unit Letter G; 15	10 Feet From The FNL Line	e and 2090 Feet From Ti	ne	
Line of Section 22 To	wnship 27N Range	8W , NMPM, San Jua	n County	
	MIDD OF OUR AND NAMED AT OA	¢		
Name of Authorized Transporter of Oi	TER OF OIL AND NATURAL GA	S Address (Give address to which approve	ed copy of this form is to be sent)	
Giant Refining Compa		P.O. Box 256, Farmingto	n, NM 87401	
		Address (Give address to which approve		
El Paso Natural Gas	Company Unit Sec. Twp. Pge.	P.O. Box 990, Farmingto Is gas actually connected? When	n, NM 87401	
If well produces oil or liquids, give location of tanks.	G 22 27N 8W		_	
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:		
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
Designate Type of Completi	on – (X)			
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	
Lievations (DP, RRB, RT, GR, etc.)				
Perforations			Depth Casing Shoe	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil a opth or be for full 24 hours)	nd must be equal to or exceed top allow-	
OII, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	, etc.)	
		- F0F1		
Length of Test	Tubing Pressure	Casing Pressur (D)	(Choice Size	
Actual Prod. During Test	Oil-Bbls,	Water-Bble.	Gap - MCF	
		JAN2 41	p 6 3	
		OIL CON.	DIV.	
Actual Prod. Test-MCF/D	Length of Test		Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
I. CERTIFICATE OF COMPLIAN		OIL CONSERVA	TION COMMISSION	
CERTIFICATE OF COMPLIA	(CL		N 2/1985 . 19	
I hereby certify that the rules and	regulations of the Oil Conservation	TITLE SUPERVISOR DISTOCT # 3 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. 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		
Commission have been complied	with and that the information given ne best of my knowledge and belief.			
Ellin				
(Sig	nature)			
Pres i	dent.			
1-22-	•			
	Date)			
		Separate Forms C-104 must completed wells.	. De titue tot ween poor in mestipij	

(NO. OF OPIET RECEIVED							
	DISTRIBUTION	NEW MEXICO OIL CO	DNSERVATION COMMISSION	Form C-104				
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65				
	FILE		AND	Filective 1-1-92				
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	LAND OFFICE							
	I RANSPORTER OIL							
i	GAS OPERATOR							
	PRORATION OFFICE							
••	Operator	1 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4						
•	R. C. Wynn							
	ddress 3545 InterFirst Two, Dallas, Texas 75270							
	Reason(s) for filing (Check proper box)	eason(s) for filing (Check proper box) Other (Please explain)						
	New Well	Change in Transporter of:						
	Recompletion	Oil Dry Gas	s <u></u>					
	Change in Ownership X	Casinghead Gas Conden	sate 🔀					
	If change of ownership give name and address of previous ownerA	AA Operating Company, In	c., 3545 InterFirst Two.	Dallas, Texas 75270				
II.	DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.				
	Lease Name Federal D							
		1 Basin Dakota	State, 1 dana.	or Fee Federal \$F078478				
	Unit Letter G; 1510 Feet From The FNL Line and 2090 Feet From The FEL							
	Line of Section 22 Township 27N Range 8W , NMPM, San Juan County							
		TOP OF OUR AND NATURAL CA	s					
Ш.	DESIGNATION OF TRANSPORT	or Condensate X	Address (Give address to which approv	ed copy of this form is to be sent)				
	Giant Refining Company Name of Authorized Transporter of Cas	Inchest Cas Co. Or Dry Cas Y	P.O. Box 256, Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent)					
	El Paso Natural Gas Co		P.O. Box 990, Farmingto					
	If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When give location of tanks.							
	If this production is commingled with 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		<u> </u>					
	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				
				Depth Casing Shoe				
	Perforations Depth Cds.ing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)							
	OIL WELL	Date of Test	Producing Method (Flow, pump, gas life	i. etc.)				
	Date First New Oil Run To Tanks	Date of Test		122 24 SANS				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Actual Prod. During Test	Oil-Bbis.	JAN241	Gar-MCF				
	OIL CON. DIV.							
	GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate/MMCF DIS:	Gravity of Condensate				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				

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.

(Signature)

(Date)

President (Tile)

1-22-85

OIL CONSERVATION COMMISSION
JAN 24,1985

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.

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Separate Forms C-104 must be filed for each pool in multiply completed wells.

SUPERVISOR DISTORCE # 3

APPROVED

BY.

TITLE .