									/
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DISTRIBUTION		N EW ME	EXICO OIL C	ONSERVAT	TION COMM	ISSION		<b>.</b>	
SANTA FE		1. [1. 10.10]	REQUEST			1331014		Form C-104 Supersedes Old (	C-104 and C-1
FILE			KE <b>queu</b>	AND	OWADEL			Effective 1-1-65	- 101 -11
U.S.G.S.	AUTHO	R ZATI	ON TO TRA		OIL AND I	NATURAL	GAS		
LAND OFFICE	]				0,2,,,,,	TATOMAL			
TRANSPORTER OIL									l. e l.
OPERATOR GAS							API	30-045-23	464
PROPATION OFFICE									
Operator	I								
AAA OPERA	TING COMPA	MY, 1	NC.						
Address									
1808 CAMPBELL CE	NTRE D	ALLAS	, TEXAS						
Reason(s) for filing (Check proper box)		<b>~</b>	1		)ther (Please	explain)			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change tr.	anspor	٦						
Recompletion	011	, , , ,	Dry Go						
Change in Ownership	Casinghea	d jas [	Conde	nsate					
f change of ownership give name and address of previous owner									
DESCRIPTION OF WELL AND	LEASE								
Lease Name Federal E	Well No.		e, including F o Chacra	crmation		Kind of Leas State, Feder		SF	Lease No. 078478
Location		Large	- Chacia			ordre, i oder			
<del>-</del>		501	.+h	1.5	20			4	
Unit Letter J ; 1650	Feet From	1 ~ he 301	<u> </u>	ne and 10	<u> </u>	Feet From	The	3ST	
27	-V- 27N		B	OM	NI (T)	0 -			6
Line of Section 23 Tow	mship 27N		Range		, NMFW	San	<u> Juan</u>		County
DESIGNATION OF TRANSPORT	ER OF OIL	AUD NA	TURAL GA	16					
Name of Authorized Transporter of Oil	≥ or Co	ndensate		Address (G	ive address t	o which appre	oved copy o	f this form is to	be sent)
Plateau				P.O.	Box 489	Bloomfie	eld, NM	87413	
Name of Authorized Transporter of Cas	inghead Gas [_]	or Dry	/ Gas X	Address (G	ive address i	o which appro	ved copy o	f this form is to	be sent)
El Paso Natural (	Gas Co.			P.O.	Box 990	Farmi	ngton,	NM 87401	
If well produces oil or liquids,	Unit Sec.	Twp	. P.ge.		ally connecte		nen		
give location of tanks.	1			No					
f this production is commingled wit	h that from any	(ther le	ease or pool,	give commi	ngling order	numbe ::			
COMPLETION DATA			Gas Well	TNew Well	Workover	Deepen	TPlug Ba	ab I Same Bakku	. Diff. Res'v.
Designate Type of Completio		l Vell	XX	XX	Workover	Deepen	P.19 Ed	ck Same Res	. Din. Resiv.
	Date Compl. Fe	a lu to D		Total Depti	<u>.</u>	<del></del>	P.B.T.E	<del>, i </del>	<u>.i</u>
Date Spudded	· ·	ed by to Pi	oa.	Lotal Depti	י 3375 '		P.B.1.L	·•	
5-7-79	8-6-79 Name of Froduc	I.a Far	ation	Top Cil/Go			Tuking	Penth	
Elevations (DF, RKB, RT, GR, etc.,			di ion	100 011/00	-				
5961 ' GR	LARGO CH	17 CKA		1	2977			15 tasing Shoe	
SEE REVERSED SIDE								36 <b>'</b>	
	T (	JE ING, O	CASING, ANI	D CEMENTI	NG RECOR	D			
HOLE SIZE	CASING				DEPTH SE			SACKS CEME	NT
12 3/4	8	5/8			85'			75 sx.	
6 3/4	<del>-</del>	1/2		33	75!		l.	50 sx.	
							<del>-</del>		
	D ALLOWAT	T F 42	C	· (* * * * * * * * * * * * * * * * * * *	of social scale	of land add	land must	e equal to or exc	and top all
TEST DATA AND REQUEST FO	JR ALLUWAE		est must be a ble for this de	epsh or be for	full 24 hours	<i>)</i>		PARTITION OF EXC	. ced top ditow
Date First New Cil Run To Tanks	Date of Test			Producing 1	dethod (Flou	, pump, gas l	ift, etc.		
				<u> </u>					<u>*</u>
Length of Test	Tubing Pressur	•		Casing Pre	55 W 6		Croke S		P.

exceed top allow-Good ALG 1.3 1979 Water - Bble. 011 - Bbls. Actual Pred, During Test CON. COM. OlaT. 3 GAS WELL Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity Tubing Pressure | Shut-in ) 1113 Cosing Pressure (Shut-in) Choke Size Testing Mothed (pitot, back pr.) 3/4 T & C 872 Back PRESSURE 872

I. 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.

RC Wy	(nature)
President	
	Title)
7-31-79	_

(Late)

OIL CONSERVATION COMMISSION

APPRO	VED	<u> </u>	<u>; :)</u>	:	<u>.</u> , 19	
BY	Original	Sigred	bу	η.	Xenirin	
TITLE		SUPERVISO	OR DISTR	CT #	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 completed wells.

DEDECDATIONS.				
PERFORATIONS: 2977,3090,3109,25,51,56,59,3281,85,89				
23/1,3030,3103,23,31,30,33,3201,03,03				