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| FILE                   |       |
| U.S.G.S.               |       |
| LAND OFFICE            |       |
| TRANSPORTER            | OIL 1 |
|                        | GAS 1 |
| OPERATOR               | 3     |
| PRORATION OFFICE       |       |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C  
Effective 1-1-65

-REVISED-

I. OPERATOR  
AAA OPERATING COMPANY, INC.  
Address  
1808 CAMPBELL CENTRE DALLAS, TEXAS 75206  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Cost-head Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                          |                |                                                    |                                        |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------|----------------------------------------|------------------------|
| Lease Name<br>Federal E                                                                                                                                  | Well No.<br>21 | Pool Name, including Formation<br>Blanco Mesaverde | Kind of Lease<br>State, Federal or Fee | Lease No.<br>SF 078478 |
| Location<br>Unit Letter J : 1850 Feet From The South Line and 1635 Feet From The East<br>Line of Section 23 Township 27N Range 8W, NMPM, San Juan, Count |                |                                                    |                                        |                        |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                                        |                                                                                                               |      |      |      |                            |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------|------|------|----------------------------|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Plateau                            | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 489 Bloomfield, NM 87413 |      |      |      |                            |      |
| Name of Authorized Transporter of Cost-head Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 990 Farmington, NM 87401 |      |      |      |                            |      |
| If well produces oil or liquids,<br>give location of tanks.                                                                                            | Unit                                                                                                          | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|                                                                                                                                                        |                                                                                                               |      |      |      | No                         |      |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

|                                                |                                                 |          |                         |          |        |                            |             |          |
|------------------------------------------------|-------------------------------------------------|----------|-------------------------|----------|--------|----------------------------|-------------|----------|
| Designate Type of Completion - (X)             | Oil Well                                        | Gas Well | New Well                | Workover | Deepen | Plug Back                  | Same Res't. | Diff. Re |
|                                                |                                                 | XX       | XX                      |          |        |                            |             |          |
| Date Spudded<br>4-25-79                        | Date Compl. Ready to Prod.<br>8-6-79            |          | Total Depth<br>4850'    |          |        | P.B.T.D.                   |             |          |
| Elevations (DF, RKB, RT, GR, etc.)<br>GR 5962' | Name of Producing Formation<br>BLANCO MESAVERDE |          | Top Oil/Gas Pay<br>3838 |          |        | Tubing Depth<br>4476'      |             |          |
| Perforations SEE REVERSED SIDE                 |                                                 |          |                         |          |        | Depth Casing Shoe<br>4823' |             |          |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 9 7/8     | 8 5/8                | 200'      | 200 SX.      |
| 6 1/4     | 4 1/2                | 4838'     | 450 SX.      |
|           | 1 1/2                | 4476'     |              |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead oil and must be equal to or exceed test available for this depth or be for full 24 hours)

|                                 |                 |                                               |            |
|---------------------------------|-----------------|-----------------------------------------------|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |

GAS WELL

|                                                  |                                   |                                  |                         |
|--------------------------------------------------|-----------------------------------|----------------------------------|-------------------------|
| Actual Prod. Test-MCF/D<br>2034                  | Length of Test<br>1 Hours         | Bbls. Condensate/MCF             | Gravity of Condensate   |
| Testing Method (Flow, back pr.)<br>Back Pressure | Flowing Pressure (Shot-In)<br>987 | Casing Pressure (Shot-In)<br>987 | Choke Size<br>3/4 T & C |

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.

RCW  
(Signature)  
PRESIDENT (Title)  
8-11-79 (Date)

OIL CONSERVATION COMMISSION  
APPROVED 1979 19  
BY Original  
TITLE

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the data taken on the well in accordance with RULE 1111.  
All sections of this form must be filled out completely for a well on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of data.  
Separate Forms C-104 must be filed for each pool in a completed well.

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,  
12,16,19,21,31,34,37,41,45,55,62,74,77,81,90,96,42,60,84,91,4205,06,17,19,  
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