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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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-110
 Effective 1-1-65

API 30-045-23466

Operator
 AAA OPERATING COMPANY, INC.

Address
 1808 CAMPBELL CENTRE DALLAS, TEXAS 75206

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Federal E	Well No. 4	Pool Name, Including Formation Largo Chacra	Kind of Lease State, Federal or Fee	Lease No. SF 078430
Location Unit Letter <u>D</u> ; <u>800</u> Feet From The <u>North</u> Line and <u>500</u> Feet From The <u>West</u>				
Line of Section <u>25</u> Township <u>27N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau	Address (Give address to which approved copy of this form is to be sent) P.O. Box 489 Bloomfield, NM 87413	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990 Farmington, NEW Mexico 87401	
If well produces oil or liquids, 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:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
		XX	XX					
Date Spudded 5-22-79	Date Compl. Ready to Prod. 8-6-79	Total Depth 3350'		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) GR 5968'	Name of Producing Formation LARGO CHACRA	Top Oil/Gas Pay 2952		Tubing Depth 3165'				
Perforations SEE REVERSED SIDE						Depth Casing Shoe 3954'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 3/4	8 5/8	220'	200 sx.
6 3/4	4 1/2	3350'	253 sx.

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

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 1110	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 861	Casing Pressure (Shut-in) 861	Choke Size 3/4 T & C

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 Wynn
 (Signature)

President
 (Title)

7-31-79
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____ 19

BY Original Signed by A. R. ...

TITLE SUPERVISOR DISTRICT # 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.

PERFORATIONS:

2952,3075,81,3101,11,22,45,49,53,96,3230,38,41,81,84