40. OF ENPIES REC	11460	1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.		İ	
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PROPATION OFFICE			
Operator			

and the second s	-			
HO. DF ENTITY RECEIVED				
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104			
SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-			
FILE	4	AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS	
LAND OFFICE	,			
TRANSPORTER GAS	-			
OPERATOR	1			
PROPATION OFFICE	7			
Operator	<u></u>			
AA ENERGY	CORPORATION			
Address				
1500 Fide:	lity Union Tower, Dallas	, Texas 75201		
Reason(s) for filing (Check proper box		Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Cil Dry Go	rs.		
Change in Ownership X	Casinghead Gas Conder	nsate 📗		
f change of ownership give name and address of previous owner	King, Warren & Dye, Dall 8333 Douglas, Dallas, Te	las Federal Savings Tow exas 75225	er, Suite 750	
DESCRIPTION OF WELL AND	•		•	
Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lea	Lease No.	
Toby	2 Jalmat (Yates-	Seven Rivers) State, Fede	ral or Fee Fee	
Location				
Unit Letter K : 1980	Feet From The South Lin	e and 1980 Feet From	The West	
Line of Section 7 Tox	waship 24 South Range 3	7 East , NMPM, Le	ea County	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	c		
Name of Authorized Transporter of Oil	or Condensate		oved copy of this form is to be sent)	
Name of Authorized Transporter of Cas	singhead Gas cr Dry Gas X	Address (Give address to which appr	oved copy of this form is to be sent)	
El Paso Natural Gas Co	Unit Sec. Twp. Pge.	P. O. Box 1492, E1 Pas Is gas actually connected?	hen 1799/0	
If well produces oil or liquids, give location of tanks.		Yes	1949	
this production is commingled with COMPLETION DATA	th that from any other lease or pool,			
Designate Type of Completion	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
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		
Perforations			Depth Casing Shoe	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE DEPTH SET		SACKS CEMENT	
		İ	<u>_i</u>	
TEST DATA AND REQUEST FO	able for this de	pth or be for full 24 hours)	l 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		171, 610.7	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
4		L		
	,			
GAS WELL 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	

. 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.

Kerth I Shippard
(Signature)
Senior Vice President

February 20, 1980

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED	FEB 2 3 1980	, 19
BY	Orig. Signed by	
D 1	Les Clements	
TITLE	Oil & Gas Insp.	

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.

IVID MOITAVRESHOP MID

LEB SP .80 BECEINED