

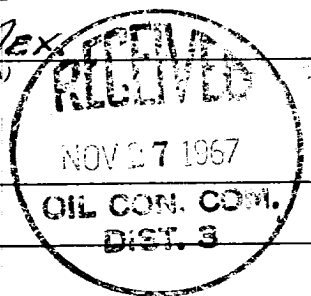
NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	7
PRORATION OFFICE	

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

BT

I. Operator PUR WINKLE & SCANLON
Address 120 VASSAL DR. S.E., ALBUQUERQUE, NEW MEX.
Reason(s) for filing (Check proper box) ☒ New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas ☐
☐ Recompletion ☐ Casinghead Gas ☐ Condensate ☐
☐ Change in Ownership ☐ Other (Please explain)
If change of ownership give name and address of previous owner



II. DESCRIPTION OF WELL AND LEASE
Lease Name OHU'ELL Well No. 2 Pool Name, Including Formation CHAROLASIA-MESA VERDE Kind of Lease STATE Lease No. K-1883
Location
Unit Letter C : 495 Feet From The N Line and 2145 Feet From The W
Line of Section 28 Township 20N Range 9W, NMPM, MCKINLEY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
PLATEAU, INC. BOX 108, FARMINGTON, N.M.
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit C Sec. 28 Twp. 20N Rge. 9W Is gas actually connected? ☐ When

IV. COMPLETION DATA
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐
Date Spudded 9-1-67 Date Compl. Ready to Prod. 10-2-67 Total Depth 520 P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation RED NTN. SAND Top Oil/Gas Pay 500 Tubing Depth
Perforations NONE - OPEN HOLE Depth Casing Shoe 500
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE 4 3/4" CASING & TUBING SIZE 2 3/8" DEPTH SET 500 SACKS CEMENT 15 SACKS

V. 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 11-19-67 Date of Test 11-20-67 Producing Method (Flow, pump, gas lift, etc.) PUMP
Length of Test 24 Hours Tubing Pressure 0 Casing Pressure 0 Choke Size 1"
Actual Prod. During Test 23 Oil-Bbls. 8 Water-Bbls. 15 Gas-MCF 0

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

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.
R.D. Scanlon (Signature)
Engineer (Title)
11/23/67 (Date)

OIL CONSERVATION COMMISSION
NOV 27 1967
APPROVED Original Signed by Emory C. Arnold 19
BY SUPERVISOR DIST. #3
TITLE
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.

