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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-116
Effective 1-1-65

I. Operator
Wynn & Brooks-Fulton
Address 1525 Republic Nat'l Bank Bldg. Dallas, Texas 75201
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "M"	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM05791
Location Unit Letter N ; 1190 Feet From The South Line and 1800 Feet From The West Line of Section 3 Township 27N Range 8W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Plateau Inc	Address (Give address to which approved copy of this form is to be sent)					
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) Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 3	Twp. 27N	Rge. 8W	Is gas actually connected? No	When

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 X	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7/31/68	Date Compl. Ready to Prod. 9/11/68		Total Depth 6644		P.B.T.D. 6635			
Elevations (DF, RKB, RT, GR, etc.) 5866KB 5855GR	Name of Producing Formation Dakota		Top Oil/Gas Pay 6470		Tubing Depth 6537			
Perforations 6470-78, 6515-21, 6553-57, 6593-6601, 6617-25 w/ 2 shots per ft.					Depth Casing Shoe 6644			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	10 3/4"		252'		160			
9 7/8"	7 5/8"		2351'		450			
6 3/4"	5 1/2"		6644'		316			
	1 1/2" IJ Tubing		6537'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 1,698	Length of Test 3 hrs	Bbls. Condensate/MMCF dry	Gravity of Condensate
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure (Shut-in) 1904	Casing Pressure (Shut-in) Packer	Choke Size 3/4"

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. C. Wynn
(Signature)
Operator
(Title)
1/15/69
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 18 1969
Original Signed by Emery C. Arnold
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.