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DISTRIBUTION			
SANTA FE		17	
FILE		1	-
U.S.G.S.		7	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	/_	
OPERATOR		2	
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110		
	FILE / V		AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	GAS		
	LAND OFFICE					
	TRANSPORTER GAS /					
	OPERATOR 2					
1.	PRORATION OFFICE					
	Operator DDOOMC					
	WYNN & BROOKS					
	i e	Building, Dallas, Te	exas 75201			
	Reason(s) for filing (Check proper box)	0,	Other (Please explain)			
	New Well X Change in Transporter of:					
	Recompletion	Oil Dry Ga				
	Change in Ownership	Casinghead Gas Conden	nsate			
	If change of ownership give name					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name Well No. Pool Name, Including Formation Kind of Lease No. Federal "IT" 1 Mesavorde State, Federal of Fee FED FEO.794.76					
	Federal "I" 1 Mesaverde State, Federal or Fee FED SF078476					
	N 790' S 1/50'					
	Unit Letter N ; 790	Feet From TheLin	ree: From	The		
	Line of Section 15 Township $27 \mathrm{N}$ Range $8 \mathrm{W}$, NMPM, $San Juan$ County					
III.	DESIGNATION OF TRANSPORT		Address (Give address to which approx	ved copy of this form is to be sent)		
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	Address (Give address to which approx	ved copy of this form is to be sent)		
	El Paso Natural Gas		Farmington, New Mex			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en		
	give location of tanks.	N 15 27N 8W	No			
**/	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:			
. v		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty,		
	Designate Type of Completion	i				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	3/04/69	Name of Producing Formation	6699 Top Oil/Gas Pay	6667 Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Mocarroado		4520'		
	Perforations 4713-14, 458	Mesaverde 7-89, 4540-41, 4504-	-06 4497-4500	Depth Casing Shoe		
	4460-70, 4444-56, 4	366-69, 4341-42, 416	53-69	6699'		
		TUBING, CASING, AND	CEMENTING RECORD	-		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	13 3/4 9 7/8	10 3/4 7 5/8	262 '	250. 450		
	6 3/4	5 1/2	6699'	225		
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-		
	OII. WELL Date First New Oil Run To Tanks	Date of Test	for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)			
	Date First New Oil Adm to I daks	Date of Yest	OFIFIVE			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Sive		
	Actual Prod. During Test	Oil-Bbls.	Water - Bble.	Gal-McBCT 1 7 1969		
				OIL CON. COM.		
	GAS WELL			DIST. 3		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	3487	3 hours	dry			
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in) 951	Casing Pressure (Shut-in) 951	Choke Size 3/4**		
	Back Pressure			TION COMMISSION		
VI	CERTIFICATE OF COMPLIANO	CE				
	I hereby certify that the rules and i	regulations of the Oil Conservation	APPROVED	NUV Z , 1 19		
	Commission have been complied v	vith and that the information given	Original Signed by	Emery C. Arnold		
	above is true and complete to the best of my knowledge and belief.		N SY	SUPERVISOR DIST. #3		
	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. BY Original Signed by Emery C. Arnold SUPERVISOR DIST. #3			DOT DATA OF THE PROPERTY OF T		
		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 tebulation of the deviation				
	Operator	ature))	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.			
	• •	tle)				
	October 15, 1969 Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of conditions.			I III and VI for changes of owner,		
				ter, or other auch change of concition.		
	Separate Forms C-104 must be filed for each pool in multicompleted wells.					