

DISCLAIMER
SANTA FE
FILE
ADDRESS
LAND OFFICE
TRANSPORTER
OPERATOR
PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form 104-1
Supersedes Old C-104 and C-105
Effective 1-1-65

I. OPERATOR
Operator: Wynn Oil Company
Address: 1525 Republic Bank Bldg., Dallas, Texas 75201
Reason(s) for filing (check proper box)
New Well ☒ Change in Transporter of:
Existing Well ☐ Oil ☐ Dry Gas ☐
Change in ownership ☐ Gashead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name: Largo Federal Well No.: 1 Pool Name, including Formation: Undesig. Chacra Kind of Lease: State, Federal or Free NM 019401
Location:
Unit Letter: M 850 Feet From The South Line and 790 Feet From The West
Line of Section: 11 Township: 27N Range: 8 W NMFM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate ☒ Plateau, Inc. Address (Give address to which approved copy of this form is to be sent): Box 180, Farmington, New Mexico
Name of Authorized Transporter of Gashead Gas or Dry Gas ☒ El Paso Natural Gas Address (Give address to which approved copy of this form is to be sent): Box 990, Farmington, New Mexico
If well produces oil or leases, give location of tanks. Unit Gas. Twp. Rsp. Is gas actually connected? When Yes 5-15-72

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 New Well Workover Deepen Plug Back Same Res/v. Diff. Res/v.
Date Spudded 12-21-71 Date Compl. Ready to Prod. 4-19-72 Total Depth 4694 P.S.T.D. 4675
Pool Undesig. Name of Producing Formation Chacra Top Oil/Gas Pay 3158 Tubing Depth 3160
Perforations 3182-90; 3158-62 Depth Casing Shoe 4694
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12-3/4 8-5/8 217 175
6-3/4 4-1/2 4694 470
1-1/4 3160

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 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
MAY 18 1972
OIL CON. COM.
DIST. 3

GAS WELL
Actual Prod. Test-MCF/D 1829 Length of Test 3 Hr. Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure 146 Casing Pressure 719 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.
Operator (Signature) May 16, 1972 (Date)
OIL CONSERVATION COMMISSION
JUN 22 1972
APPROVED BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #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 depth 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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of contribution.
Separate Forms C-104 must be filed for each pool in multiply completed wells.