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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION 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-105
Effective 1-1-65

Operator R. C. WYNN	
Address Suite 3545, First International Bldg. Dallas, Texas 75270	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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If change of ownership give name
and address of previous owner

OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "M"	Well No. 2	Pool Name, including Formation Chacra Chacra	Kind of Lease Federal State, Federal or Fee	Lease No. NM-05791
Location Unit Letter <u>C</u> ; <u>1220</u> Feet From The <u>North</u> Line and <u>1590</u> Feet From The <u>West</u> Line of Section <u>3</u> Township <u>27N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> 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) P.O. Box 489, Bloomfield, N.M. 87413	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, N.M. 87499	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 3
	Twp. 27N	Rge. 8W
	Is gas actually connected? <u>No</u> When	

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 12/31/83	Date Compl. Ready to Prod. 2/17/84		Total Depth 3311'		P.B.T.D. 3265'			
Elevations (DF, RKB, RT, CR, etc.) 5861'KB	Name of Producing Formation Chacra		Top Oil/Gas Pay 3078'		Tubing Depth 3084'			
Perforations 3078'-3086'; 3106'-3110'; 3204'-3205' 3221'-3222'; 3227-3228'					Depth Casing Shoe 3307'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		265'		325 cu. ft.			
7-7/8"	4-1/2"		3307'		1478 cu. ft.			
	1-1/2"		3084'					

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

GAS WELL

Actual Prod. Test-MCF/D 3/4"THC 767; 1000	Length of Test 3 hr.	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1075	Casing Pressure (Shut-in) 1075	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.

FOR: R. C. WYNN ORIGINAL SIGNED BY
EWELL N. WALSH

Ewell N. Walsh PE (Signature) President
Walsh Engineering & Production Corp.

(Title)

3/2/84

(Date)

OIL CONSERVATION COMMISSION

MAR 05 1984

APPROVED _____, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 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 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.