

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
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	GAS
OPERATOR	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
FEB 25 1988
OIL CON. DIV.
DIST. 3
Revised 10-01-78
Format 08-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator WINTERSHALL CORP

Address 5251 DTC PKWY SUITE 500 ENGLEWOOD, COLO. 80111

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input checked="" type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) _____

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>UTE MTN UTE 34</u>	Well No. <u>44</u>	Pool Name, including Formation <u>BASIN DAKOTA</u>	Kind of Lease <u>INDIAN</u>	Lease No. <u>1700-C</u>
Location Unit Letter <u>P</u> : <u>1090</u> Feet From The <u>SOUTH</u> Line and <u>790</u> Feet From The <u>EAST</u>			State, Federal or Fee <u>TRIBAL</u>	
Line of Section <u>34</u> Township <u>31 N</u> Range <u>14 W</u> , NMPM, <u>SAN JUAN</u> County			<u>1420-11300</u>	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>GIANT REFINING CO.</u>	<u>PO BOX 256 FARMINGTON, N. MEX 87499</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>WINTERSHALL CORP</u>	<u>PO BOX 23 TOWAOC, COLO. 81334</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>P</u> Sec. <u>34</u> Twp. <u>31 N</u> Rge. <u>14 W</u>	<u>YES</u> <u>NOV. 13, 1987</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

FRED J. CLAUSEN

(Signature)

AREA SUPERINTENDENT

(Title)

FEB. 25, 1988

(Date)

OIL CONSERVATION DIVISION FEB 25 1988

APPROVED _____
BY Frank J. Clausen
TITLE _____ SUPERVISOR DISTRICT # _____

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.