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DIST. 3

STATE OF NEW MEXICO
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Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: WINTERSHALL CORPORATION

Address: 5251 DTC Parkway, Suite 500 Englewood Colorado 80111

Reason(s) for filing (Check proper box)
- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Dry Gas
- [ ] 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	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
UTE MTN. UTE	34-44	BASIN DAKOTA	INDIAN TRIBAL	MOO-C 1420-4387

Location
Unit Letter P : 1090 Feet From The SOUTH Line and 790 Feet From The EAST

Line of Section 34 Township 31N Range 14W , NMPM, SAN JUAN County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
GIANT REFINING CO.	P. O. Box 256 Farmington, N. M. 87449
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS COMPANY	P. O. Box 4990 Farmington, N.M. 87449

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	34	31N	14W	Yes	Oct, 28, 1987

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

Fred J Clausen
(Signature)

AREA SUPERINTENDENT
(Title)

Oct. 28, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 30 1987

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.

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
May 1, 1987	Oct. 21, 1987	6100	5950 Ft WLM
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
5612 GR	Dakota	5816	5905 Ft.
Perforations 5822, 5824, 5826, 5831. 5833, 5835, 5837, 5842, 5845, 5847, 5852, 5859, 5893, 5895, 5898 Total of 15 holes			**Depth Casing Shoe** 6095.89

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	9 5/8"OD 36#, J55	253	140 sacks
7 7/8	5 1/2"OD 15.5# J55	6095.89	775 sacks (2 stages)
4 7/8(ID5 1/2 csg)	2 3/8tbg 4.7#,J55	5905.46 ft. KBM	

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)*

OIL WELL

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
4515 mcf/D	3 hours	-----	-----
Testing Method *(pitot, back pr.)*	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Choke Nipple Back Pressure	1701 PSI	1748 PSI	2"X3/4" Positive Choke Nipple