

Form approved.
Budget Bureau No. 42-B355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other _____ b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. REVR. <input type="checkbox"/> Other _____						7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME Largo Federal 9. WELL NO. 6 10. FIELD AND POOL, OR WILDCAT Undesg. Chacra 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 14-27N-8W	
2. NAME OF OPERATOR Wynn Oil Company, Inc. 3. ADDRESS OF OPERATOR 1808 Campbell Centre, Dallas, Texas 75206 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 790 FEI; 1850 FSL At top prod. interval reported below At total depth						12. COUNTY OR PARISH San Juan 13. STATE New Mexico	
		14. PERMIT NO.		DATE ISSUED			
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)			
2-7-73		2-12-73		10-19-73			
				18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*			
				6653 GR			
				19. ELEV. CASINGHEAD			
				6653			
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*			
3952		3916					
23. INTERVALS DRILLED BY				ROTARY TOOLS			
→				X			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION--TOP, BOTTOM, NAME (MD AND TVD)*					25. WAS DIRECTIONAL SURVEY MADE		
Chacra 3898-3910					No		
26. TYPE ELECTRIC AND OTHER LOGS RUN					27. WAS WELL CORED		
IES							
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED		
8-5/8	24.#	134.50	12-1/4	100 SX			
4-1/2	9.5#	3926	6-3/4	350 SX			
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)			
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
1-1/4		3877					
31. PERFORATION RECORD (Interval, size and number)							
Chacra 3900-3910 4/ft.							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED					
Chacra		40,000# 9d 32,240 gal. water					
33. PRODUCTION							
DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____							
DATE OF TEST _____ HOURS TESTED _____ CHOKES SIZE _____ PROD'N. FOR TEST PERIOD _____							
FLOW, TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE →			
				OIL—BBL. GAS—MCF. WATER—BBL. OIL GRAVITY-API (CORR.)			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					TEST WITNESSED BY		
					JUN 14 1977 OIL CON. COM. DIST. 3		
35. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.							
SIGNED _____		TITLE President		DATE 6-10-77			

*** (See Instructions and Spaces for Additional Data on Reverse Side)**

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <u>L.P. Moore, Inc.</u>	Well API No. <u>30-045-21198</u>
Address <u>P.O. Box 772851 Steamboat Springs, Co. 80477</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <u>Wynn Oil Co., INC.</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Largo Fed.</u>	Well No. <u>6</u>	Pool Name, Including Formation <u>Otero Chacra</u>	Kind of Lease State, Federal or Fee	Lease No. <u>NM 019403</u>
Location Unit Letter <u>I</u> : <u>1850</u> Feet From The <u>S</u> Line and <u>790</u> Feet From The <u>E</u> Line Section <u>14</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"/> <u>None GR</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 256, Farmington, NM</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>E.P.G.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 990, Farmington, NM</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

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	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tank	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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature Larry P. Moore
Printed Name Larry P. Moore Title President
Date 3/23/89 Telephone No. 303/879-4869

OIL CONSERVATION DIVISION

Date Approved MAR 22 1989
By Shirley J. Shaw
SUPERVISION DISTRICT # 3
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.