

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> 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

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name UTE MOUNTAIN UTE	Well No. 27-44	Pool Name, including Formation Basin Dakota	Kind of Lease INDIAN	MOGAS No. 1420-438
Location Unit Letter <u>P</u> : <u>995</u> Feet From The <u>SOUTH</u> Line and <u>1055</u> Feet From The <u>EAST</u>				
Line of Section <u>27</u> Township <u>31N</u> Range <u>14W</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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
GIANT REFINING CO.	P. O. Box 256 Farmington, N. Mex. 87449
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)
WINTERSHALL CORPORATION	P. O. Box 23 Towaoc, Colorado 81334
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>P</u> Sec. <u>27</u> Twp. <u>31N</u> Rge. <u>14W</u>	<u>NO</u> Proposed <u>March 25, 1988</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  
Fred J. Clausen (Signature)  
Area Superintendent

(Title)

March 17, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED

MAR 31 1988

BY

Original Signed by CHARLES GHOLSON

TITLE

DEPUTY OIL & GAS INSPECTOR, 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 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 X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded Oct. 30, 1987	Date Compl. Ready to Prod. Dec. 17, 1987	Total Depth 5860			P.B.T.D. 5720 ft.				
Elevations (DF, RKB, RT, GR, etc.) 5557' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 5612 ft.			Tubing Depth 5532 ft.				
Perforations 5618, 5622, 5625, 5628, 5634, 5638, 5648, 5666, 5671, 5676, 5682, 5687 12 Holes Total						Depth Casing Shoe 5858			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	8 5/8" OD 24# J-55		258'		150 sacks				
7 7/8	5 1/2" OD 15.5 J-55		5858'		1175 sacks-2 stages				
	2 3/8" 4.7# J-55		5532'						

#### 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)

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
Testing Method (pirat, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	1774	1774	

\*Well was producing through a 16/64 positive choke at a rate of 1178 MCF/Day during completion operations with a flowing Tbg. pressure of 775 PSI. 12 hour test.

An actual production test will be conducted after the well is hooked into pipeline.