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| DISTRIBUTION | | | |
| SANTA FE | | 1 | |
| FILE | | 17 | - - |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | 2 | |
| | | 1 | |

October 10, 1969

(Date)

| | DISTRIBUTION SANTA FE / | 1 | ONSERVATION COMMISSION Form C-104 | | |
|--|---|--------------------------------------|---|---|--|
| | REQUEST FOR ALLOWABLE AND | | | Supersedes Old C-104 and C-11 Effective 1-1-65 | |
| | U.S.G.S. | AUTHORIZATION TO TRA | | AL CAS | |
| | LAND OFFICE | AL GAG | | | |
| | TRANSPORTER OIL | | | | |
| | GAS / | | | | |
| | OPERATOR 2 | | | | |
| I. | PRORATION OFFICE Operator | l | | | |
| | WYNN & BROOKS | | | | |
| | Address | | | | |
| | 1525 Republic Natio | onal Bank Bldg., Dall | as, Texas 75201 | | |
| | Reason(s) for filing (Check proper box) | | Other (Please explain |) | |
| | New Well | Change in Transporter of: | | | |
| | Recompletion | Oil Dry Ga | | | |
| | Change in Ownership | Casinghead Gas Conden | isate [] | | |
| | If change of ownership give name and address of previous owner | | <u> </u> | · · · · · · · · · · · · · · · · · · · | |
| Ħ. | DESCRIPTION OF WELL AND I | LEASE | 171-3-1 | | |
| | Lease Name | Well No. Pool Name, Including Fo | | | |
| | Federal "D" | 1 Mesaverde | State | Federal or FeeFED SF078478 | |
| | | 10 N | 2000 - | 5 m F | |
| | Unit Letter G , 1510 Feet From The N Line and 2090 Feet From The E | | | | |
| | Line of Section 22 Tow | vnship $27\mathrm{N}$ Range 8 | SW , NMPM, S | an Juan county | |
| | | | | | |
| III. | | TER OF OIL AND NATURAL GA | S | | |
| | Name of Authorized Transporter of Oil | or Condensate | Address (Give address to which | approved copy of this form is to be sent) | |
| | 'Name of Authorized Transporter of Cas | inghead Gas or Dry Gas X | Address (Give address to which | approved copy of this form is to be sent) | |
| | | | | • | |
| | El Paso Natural Gas | Unit Sec. Twp. Rge. | Farmington, New : Is gas actually connected? | When | |
| | If well produces oil or liquids, give location of tanks. | G 22 27N 8W | No | | |
| | If this production is commingled wit | h that from any other lease or pool, | give commingling order numbe | r: | |
| | COMPLETION DATA | | | | |
| | Designate Type of Completio | | New Well Workover Deep | en Plug Back Same Res'v. Diff. Res'v. | |
| | | i | Total Depth | P.B.T.D. | |
| | Date Spudded | Date Compl. Ready to Prod. | 6682 1 | 6675' | |
| | 7/29/69 Elevations (DF, RKB, RT, GR, etc.) | 9/29/69 | Top Oil/Gas Pay | Tubing Depth | |
| | 5926 GR | Mesaverde | 4692' | 4487 | |
| | | 8-70, 4524-26, 4520- | | Depth Casing Shoe | |
| | 4476-80, 4438-50, 4 | | | 6682 ' | |
| | | TUBING, CASING, AND | CEMENTING RECORD | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| | 13 3/4 | 10 3/4 | 200 ' | 150 | |
| | 9 7/8 | 7 5/8 | 2250' | 450 | |
| | 6 3/4 | 5 1/2 | 6682 ' | 250 | |
| . , | TECH DAMA AND DECLIFE EA | OD ALLOWARIE (Test must be a | free recovery of total values of la | ad oil and must be earliested. | |
| V. TEST DATA AND REQUEST FOR ALLOWABLE OII. WELL Date First New Oil Run To Tanks Date of Test (Test must be after recovery of total volume of load oil and must be each pace able for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.) | | | | ZKILIVEN | |
| | | | | gas lift, etc.) | |
| | | | | Choke Size OCT 1 7 1969 | |
| | Length of Test | Tubing Pressure | Casing Pressure | _ \ | |
| | And Device Tool | Oil-Bbls. | Water-Bbls. | Gas-MCF OIL CON. COM. | |
| | Actual Prod. During Test | Oli-Bala. | Water - Bailer | DIST. 3 | |
| | | | | | |
| | GAS WELL | | • | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | |
| | 3108 | 3 hours | dry | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size 3/4" | |
| | Back Pressure | 1037 | 1037 | | |
| VI. | CERTIFICATE OF COMPLIANO | CE | OIL CONSERVATION COMMISSION | | |
| | 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. (Signature) | | NOV 2 1 1969 | | |
| | | | | | |
| | | | BY Original Signed by Emery C. Arnold | | |
| | | | TITLESUPERVISOR DIST. #5 | | |
| | | | | | |
| | | | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. | | |
| | | | | | |
| | Operator | | tests taken on the well in | accordance with RULE 111. rm must be filled out completely for allow- | |
| | (T: | 1.1 | All sections of this ic | and matter | |

able 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.