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U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL	/	
TRANSPORTER GAS	/	
OPERATOR	/	
I. PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator

Wynn & Brooks

Address

1525 Republic Bank Bldg., Dallas, Texas, 75201

Reason(s) for filing *(Check proper box)*

New Well [X]   Change in Transporter of: Other *(Please explain)*

Recompletion [ ]   Oil [ ]   Dry Gas [ ]

Change in Ownership [ ]   Casinghead Gas [ ]   Condensate [ ]

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.
Federal E	2	Undesig. Chacra	SF	078478

Location

Unit Letter __G__ ; __1620__ Feet From The __North__ Line and __1380__ Feet From The __East__

Line of Section __23__ Township __27N__ Range __8W__ , 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)*

Plateau, Inc.   **Box 180, Farmington, New Mexico**

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   **Box 990, Farmington, New Mexico**

If well produces oil or liquids, give location of tanks.	Uni.	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	5-15-72

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.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-15-71	4-19-72	4800	4752

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
5982 GR	Undesig. Chacra	3186	3180

Perforations	Depth Casing Shoe
3186-3319	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	176	100 sxs.
6-3/4	4-1/2	4799	470 sxs.
	1-1/4	3180	
	1-1/4	4537	

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.)* Flow	
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
2764	3 hrs.		
Testing Method *(pitot, back pr.)*	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	1029	1029	3/4

VI. CERTIFICATE OF COMPLIANCE

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)

Operator

(Title)

May 15, 1972

(Date)

OIL CONSERVATION COMMISSION

APPROVED __JUN 1 ___ 19__ , 19 ____

BY __Original Signed by Emery C. Arnold__

TITLE __SUPERVISOR 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