

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-01-78
Format 08-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator

WINTERSHALL CORPORATION

Address

P. O. Box 23 Towaoc, Colorado 81334

Reason(s) for filing (Check proper box)

☒ New Well ☐ Recompletion ☐ Change in Ownership

Change in Transporter of:

☐ Oil ☐ Dry Gas ☐ Condensate

Other (Please explain)

Well # Change to 254

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	Lease No.
UTE MOUNTAIN UTE	27-22R	BASIN DAKOTA	INDIAN	100-C-
Location	Unit Letter	Feet From The	Line and	Feet From The
	F	164	NORTH	154
			WEST	
Line of Section	Township	Range	NMPM, San Juan County	
27	31N	14W		

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 Casinthead 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 F, Sec. 27, 31N, 14W	NO March 7, 1989

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.

[Signature]
(Signature)
Area Superintendent
(Title)
March 6, 1989
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 8 1989, 19
BY [Signature]
SUPERVISOR DISTRICT 10
TITLE

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 12-6-88	Date Compl. Ready to Prod. 1-17-89	Total Depth 4654 MD, 4550 TVD				P.B.T.D. 4614 MD 4570' TVD			
Elevations (DF, RKB, RT, GR, etc.) 5653' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 4385'				Tubing Depth 4460'			
Perforations 4385 - 4472' w/8 holes						Depth Casing Shoe 4654'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4		8 5/8" 24#		275'		225 sxs Class B			
7 7/8		5 1/2" 15.5#		4654'		Stage 1: 225 sxs			
						Stage 2: 550 sxs			
		2 3/8" 4.7#		4460'					

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 110 MCF/D	Length of Test 19 Hours	Bbls. Condensate/MMCF 5	Gravity of Condensate 53° API
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1450 PSI	Casing Pressure (shut-in) 1410 PSI	Choke Size 1/4"