

DISTRIBUTION			
ALBUQUERQUE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
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

I.

Operator <u>Wainoco, Inc.</u> <u>Wainoco Oil & Gas Company</u>	
Address <u>c/o Tom L. Ingram, P. O. Box 1757, Roswell, NM 88201</u>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 <input type="checkbox"/>
Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>2/1/77</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Ingram "28" Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Wildcat</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-02218</u>
Location				
Unit Letter <u>0</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>28</u> Township <u>8S</u> Range <u>37E</u> , NMPM, <u>Roosevelt</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Koch Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Suite 2205, Wilco Bldg., Midland, TX 79701</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Cities Service Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 300, Tulsa, Oklahoma 74102 (BGP-Milnesand (New Mexico))</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec. <u>33</u>	Twp. <u>8S</u>	Rge. <u>37E</u>
Is gas actually connected?		When		
<u>No</u>		<u>ASAP</u>		

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>11-02-76</u>	Date Compl. Ready to Prod. <u>12-30-76</u>	Total Depth <u>4990'</u>	P.B.T.D. <u>4965'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>4017' GR</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay <u>4884'</u>	Tubing Depth <u>4806'</u>					
Perforations <u>4884-88, 4892-98, 4900-02, 4914-24 (24 holes)</u>			Depth Casing Shoe <u>4806'</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>8-5/8"</u>	<u>24#</u>		<u>371'</u>		<u>200 SX</u>			
<u>5-1/2"</u>	<u>17# & 15.5#</u>		<u>4990'</u>		<u>1000 SX</u>			
<u>2-7/8"</u>	<u>6.4#</u>		<u>4806'</u>					

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 Tanks <u>12-13-76</u>	Date of Test <u>2-25-77</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24</u>	Tubing Pressure <u>-</u>	Casing Pressure <u>-</u>	Choke Size <u>-</u>
Actual Prod. During Test	Oil-Bbls. <u>18</u>	Water-Bbls. <u>90</u>	Gas-MCF <u>100.0</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Tom L. Ingram
(Signature)
Tom L. Ingram - Agent
(Title)
May 23, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 27 1977, 19____
BY Jerry Sutton
TITLE SUPERVISOR DISTRICT

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 multiple

RECEIVED

MAY 2 1977

OIL CONSERVATION COMM.
HOBBS N. M.

INCLINATION REPORT

Mr. Tom L. Ingram
P. O. Box 1757
Roswell, New Mexico

Ingram "28" Federal #1
Section 28, T8S - R 37E
Roosevelt County, New Mexico

RECORD OF INCLINATION

Measured Depth Feet	Course Length (Hundreds of Ft.)	Angle of Inclination (Degrees)	Displacement per Hundred Feet (Sine of Angle X 100)	Course Displacement (Feet)	Accumulative Displacement (Feet)
370	3.70	0.50	0.88	3.26	3.26
870	5.00	0.50	0.88	4.40	7.66
1,369	4.99	0.50	0.88	4.39	12.05
1,775	4.06	1.50	2.63	10.68	22.73
2,241	4.66	1.25	2.19	10.21	32.94
2,334	0.93	0.75	1.31	1.22	34.16
2,834	5.00	1.00	1.75	8.75	42.91
3,331	4.97	1.25	2.19	10.88	53.79
3,799	4.68	1.25	2.19	10.25	64.04
4,159	3.60	0.25	0.44	1.58	65.62
4,643	4.84	0.50	0.88	4.26	69.88
4,822	1.79	0.50	0.88	1.58	71.46
4,990	1.68	0.50	0.88	1.48	72.94

Accumulative total displacement of well bore at total depth of 4,990 feet =
71.46 feet. Inclination measurements were made in drill pipe.

I hereby certify that the above deviation and depths are true, correct and complete to the best of my knowledge.

VERNA DRILLING COMPANY

By: Pat Mutchin

Sworn and subscribed to before me, this 24th day of May, 1977.

Phyllis Tate
Notary Public in and for Hockley County,
Texas