| | Recompletion Change in Ownership | Oil Casinghead Gas | Dry Gas Condensate | H Wainoso | Oil & Gas | om: Wainoco Company | |
|------|---|--|--|---|--|--|--------------------------------|
| | If change of approaching size and | | - | | | | |
| | If change of ownership give name and address of previous owner | Wainoco, Inc. | . (same as a | bove) | | | |
| 11 | DESCRIPTION OF WELL AND | TEASE | | | | | |
| | Lease Name | Well No. Pool Nam | e, Including Format | ion | Kind of Lease | | Lease No. |
| | Ingram "33" Federa | 1 W | ildcat | | State, Federal or | Fee Federal | NM-02218 |
| | Location | 1000 | 1 | 1000 | | <u>.</u> | |
| | Unit Letter G; | 1900 Feet From The | NOTTH Line and | 1980 | Feet From The | East | |
| | | | | | | | |
| | Line of Section 33 To | wnship 85 | Range 37E | . NMPM. | Roos | sevelt | County |
| | Line of Section 33 To | wnship 85 | Range 37E | , ММРМ, | Roos | sevelt | County |
| III. | DESIGNATION OF TRANSPOR | TER OF OIL AND NA | TURAL GAS | | | | |
| III. | | TER OF OIL AND NA | TURAL GAS | ress (Give address to | which approved | copy of this form is | to be sent) |
| III. | DESIGNATION OF TRANSPOR | TER OF OIL AND NA | TURAL GAS | ress (Give address to | which approved | copy of this form is | to be sent) |
| III. | DESIGNATION OF TRANSPOR | TER OF OIL AND NA | TURAL GAS | | which approved | copy of this form is | to be sent) |
| III. | DESIGNATION OF TRANSPOR | TER OF OIL AND NA | TURAL GAS Add Gas Add | ress (Give address to | which approved which approved | copy of this form is | to be sent) |
| III. | DESIGNATION OF TRANSPOR Name of Authorized Transporter of Other Programme of Authorized Transporter of Ca | TER OF OIL AND NA or Condensate singhead Gas or Dry | TURAL GAS Add Gas Add | tess (Give address to | which approved which approved | copy of this form is | to be sent) |
| | DESIGNATION OF TRANSPOR Name of Authorized Transporter of One Name of Authorized Transporter of Ca If well produces oil or liquids, give location of tanks. If this production is commingled wi | TER OF OIL AND NA or Condensate singhead Gas or Dry Unit Sec. Twp. | TURAL GAS Add Add Rge. Is g | tess (Give address to | which approved which approved ? When | copy of this form is | to be sent) |
| | DESIGNATION OF TRANSPOR Name of Authorized Transporter of On Name of Authorized Transporter of Ca If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA | TER OF OIL AND NA or Condensate singhead Gas or Dry Unit Sec. Twp. | TURAL GAS Add Rge. Is g ase or pool, give | ress (Give address to ress (Give address to as actually connected commingling order to | which approved which approved ? When number: | copy of this form is copy of this form is | to be sent), to be sent) |
| | DESIGNATION OF TRANSPOR Name of Authorized Transporter of One Name of Authorized Transporter of Ca If well produces oil or liquids, give location of tanks. If this production is commingled wi | TER OF OIL AND NA or Condensate singhead Gas or Dry Unit Sec. Twp. | TURAL GAS Add Rge. Is g ase or pool, give | tess (Give address to | which approved which approved ? When number: | copy of this form is copy of this form is | to be sent) |
| | DESIGNATION OF TRANSPOR Name of Authorized Transporter of On Name of Authorized Transporter of Ca If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA | TER OF OIL AND NA or Condensate singhead Gas or Dry Unit Sec. Twp. | Gas Add Rge. Is g ase or pool, give | ress (Give address to ress (Give address to as actually connected commingling order to | which approved which approved When number: | copy of this form is copy of this form is | to be sent), to be sent) |
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| 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 | WEL | I |
|-----|-----|---|
| | | _ |

| 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.

| | | - | |
|--------|----------------|------|------|
| | | | |
| H | . D 1. | | |
| Jan | U & Shig | sone | |
| | (Signature | son | |
| Tom L. | Ingram - Agent | | |

(Date)

(Title)

June 10, 1977

OIL CONSERVATION COMMISSION

| APPROVED | | ., 19 |
|----------|-----------------------------|-------|
| BY | Child Stated by | |
| TITLE | Jerry Sexton Dist. 2. Supv. | |

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, ell name or number, or transporter, or other such change of condition.

Canarata Forms C-104 must be filed for each and in multiply

RECEIVED

CH CONSERVATION COMM.