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TRANSPORTER	OIL 1 GAS 1
OPERATOR	
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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

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JUL 14 1969

O. O. C.

ARTESIA OFFICE

WINDFONR OIL COMPANY  
1202 First National Bank Bldg., Fort Worth, Texas

Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate  *from Skelly Oil Co.*

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Gigler B	7	Square Lake	State, Federal or Fee Fed	NM 2748

Location:  
 Unit Letter B ; 660 Feet From The N Line and 1980 Feet From The E  
 Line of Section 11 Township 17S Range 30E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Co. Pipe Line Div.	North Freeman Ave., Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Continental Oil Company	P. O. Box 2197, Houston, Texas

If well produces oil or liquids, give location of tanks. Unit B Sec. 11 Twp. 17 Rge. 30 is gas actually connected? Yes When 12-59

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Blowdowns (DP, RMB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Pressure Test	Tubing Pressure	Casing Pressure	Choke Size
Water Shut-In Test	Oil-Dbls.	Water-Dbls.	Gas-Dbls.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, 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.

*J. R. Van*  
 (Signature)  
 Engineer  
 (Title)  
 7-15-69  
 (Date)

OIL CONSERVATION COMMISSION

JUL 17 1969

APPROVED \_\_\_\_\_

BY *W. A. Gressett*  
 OIL AND GAS INSPECTOR

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.