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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

OCT 5 1966

O. C. C.

ARTESIA, OFFICE

I. Operator **WINDFOHR OIL COMPANY** ✓
Address **P. O. BOX #198, ARTESIA, NEW MEXICO**
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain) *Show tract number.*

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jackson "B" Tr. 2	Well No. 27	Pool Name, Including Formation Grayburg Jackson, Q, Gbg., S.A.	Kind of Lease State, Federal or Fee Federal	Lease No. LC-055264
Location Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West Line of Section 24 Township 17 South Range 30 East , NMPM, Eddy 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1135, Eunice, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 24	Twp. 17S	Rge. 30E	Is gas actually connected? Yes	When December 1959

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded August 14, 1966	Date Compl. Ready to Prod. Oct. 1, 1966		Total Depth 3253		P.B.T.D. 3251			
Elevations (DF, RKB, RT, GR, etc.) 3695 DF	Name of Producing Formation Grayburg (Premier)		Top Oil/Gas Pay 3174		Tubing Depth 3210'			
Perforations 3176-78 with 3 holes; 3213-15 with 3 holes.					Depth Casing Shoe 3252			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10"	8-5/8		545		100 sx.			
8"	5 1/2"		3252		225 sx.			
	2-3/8"		3210					

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 Oct. 1, 1966	Date of Test Oct. 1, 1966	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 1 gal. oil/hr. 40 bbls	Oil - Bbls. 36	Water - Bbls. 4 (load)	Gas - MCF

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.

Ralph L. Gray
(Signature)

Consulting Engineer.
(Title)

October 3, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 5 1966**, 19

BY *W. A. Gressett*

TITLE **OIL AND GAS INSPECTOR**

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.