

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 1-1-69

RECEIVED

APR 15 1969

O. C. C.  
ARTESIA, OFFICE

NO. OF COPIES RECEIVED	8
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

WINDFONR OIL COMPANY

Address

1202 First National Bank Bldg., Fort Worth, Texas 76102

Reason(s) for filing (Check proper box)

New Well



Change in Transporter of:

Recompletion



Oil



Dry Gas



Change in Ownership



Casinghead Gas



Condensate



Other (Please explain)

If change of ownership give name  
and address of previous owner

RECEIVED  
APR 15 1969  
U. S. OIL CONSERVATION COMMISSION  
ARTESIA, NEW MEXICO

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Grayburg Jackson-S.A. Unit	39	Grayburg Jackson, GB-SA	State, Federal or Fee Fed.	LC-029338(a)
Location				
Unit Letter		Feet From The	Line and	Feet From The
K	2150	West	1750	South
Line of Section	14	Township	17S	Range
			30E	, NMPM,
			Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipe Line Co.		Box #1510, Midland, Texas 79704
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Skelly Oil Company		Box #1135, Eunice, New Mexico 88231
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	K	14
		Twp.
		17
		Rge.
		30
Is gas actually connected?	When	
Yes	Not known.	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
2-20-69	3-29-69	3427	3424					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3698 KB	San Andres	3287	3391					
Perforations			Depth Casing Shoe					
3287-3410			3427					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4	8-5/8	449	200					
7-7/8	4 1/2	3427	225					
	2 3/8	3391						

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
3-26-69	3-29-69	Pump
Length of Test	Tubing Pressure	Casing Pressure
24 hrs.		Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
	10	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)  
Consultant

(Title)

April 14, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 17 1969, 19

BY W. A. Gressett

TITLE OIL AND GAS REPORT

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.