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TRANSPORTER	OIL 1
	GAS
OPERATOR	3
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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

**RECEIVED**

NOV 25 1974

**I. OPERATOR**

Operator: **WINDFOHR OIL COMPANY** **O. C. C.**  
ARTESIA OFFICE

Address: **1202 First National Bank Building, 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): **CASINGHEAD GAS MUST NOT BE FLARED AFTER 1-1-75 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED**

If change of ownership give name and address of previous owner: \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Gissler "B"</b>	Well No. <b>13</b>	Pool Name, Including Formation <b>Grayburg Jackson</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM-2748</b>
Location Unit Letter <b>M</b> ; <b>660</b> Feet From The <b>south</b> Line and <b>660</b> Feet From The <b>west</b>				
Line of Section <b>8</b> Township <b>17S</b> Range <b>30R</b> , NMPM, <b>Eddy</b> 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"/> <b>Navajo Crude Oil Purchasing Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box #175, Artesia, New Mexico 88210</b>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Pending</b>	Address (Give address to which approved copy of this form is to be sent) _____			
If well produces oil or liquids, give location of tanks. <b>M</b>	Unit <b>8</b>	Sec. <b>17</b>	Twp. <b>30</b>	Rge. <b>No</b>
Is gas actually connected?				When <b>Under consideration</b>

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 <b>3-29-74</b>	Date Compl. Ready to Prod. <b>4-19-74</b>	Total Depth <b>2870</b>	P.B.T.D. <b>2865</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3671 KB</b>	Name of Producing Formation <b>Grayburg-San Andres</b>	Top Oil/Gas Pay <b>2578</b>	Tubing Depth <b>2642</b>					
Perforations <b>2578-82, 2674-80 and 2845-50</b>	Depth Casing Shoe <b>2870</b>							

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12 1/4</b>	<b>8-5/8" O.D.</b>	<b>475'</b>	<b>200 sx. Class H</b>
<b>7-7/8"</b>	<b>4 1/2" O.D.</b>	<b>2870</b>	<b>210 sx. Class "C"</b>

**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 <b>4-19-74</b>	Date of Test <b>11-25-74</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>0</b>	Casing Pressure	Choke Size <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">X</span>
Actual Prod. During Test	Oil - Bbls. <b>30</b>	Water - Bbls. <b>20 (load)</b>	Gas - MCF <b>Not measured</b>

**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.

*Raym L Gray*  
(Signature)  
**Consulting Engineer**  
(Title)  
**November 25, 1974**  
(Date)

OIL CONSERVATION COMMISSION  
NOV 26 1974, 19\_\_\_\_  
APPROVED 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 tested wells.