IRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Windfohr Oil Company Address 1202 First Natonal Bank Bld Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEAS Lease Name Grayburg Jackson (S-A) Unit	REQUEST I AUTHORIZATION TO TRA g. Fort Worth, Texas Change in Transporter of: Oil Dry Gas Condens Casinghead Gas Condens E Well No. Pool Name, Including For I2 Grayburg Jacks Feet From The S Line 17S Range OF OIL AND NATURAL GA or Condensate	ormation on (S-A) e and 30E, NMPM Address (Give address	Kind of Lease State, Federa	Effective 1-1 AS C C C C C C C C C C C C C C C C C C C	Lease No. Tr. 3B
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Line of Section 13 Township DESIGNATION OF TRANSPORTER (OF OIL AND NATURAL GA	30E , NMPM	, Eddy		
DESIGNATION OF TRANSPORTER (OF OIL AND NATURAL GA	S Address (Give address			
DESIGNATION OF TRANSPORTER (Name of Authorized Transporter of Oil VV	or Condensate	Address (Give address	to which approx		
	Company	D 0 Boy 1510	to witten -pp.o.	ved copy of this form i	s to be sent)
Texas New Mexico Pipeline C	Joinpurry), Midland		·
Name of Authorized Transporter of Casinghed Continental Oil Company	ad Gas 🕅 or Dry Gas 🗔	Address (Give address P. O Box 2197,	, Houston	Tayac	•
If well produces oil or liquid ACT-47 Unit give location of tanks. μ -71	Sec. Twp. Rge. 17S 30E	Is gas actually connect Yes	ed? Who	en Central Btr	5/21/11
If this production is commingled with that COMPLETION DATA	t from any other lease or pool,	give commingling orde	r number:		
Designate Type of Completion - ((X) Gas Well	New Well Workover	Deepen	Plug Back Same F	Res'v. Diff. Res
Date Spudded Date	Compl. Ready to Prod.	Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.) Name	e of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
Perforations			·	Depth Casing Shoe	
	TUBING, CASING, AND	CEMENTING RECOF	RD		
HOLE SIZE	CASING & TUBING SIZE	DEPTHS		SACKS C	EMENT
		ifter recovery of total voli		and must be equal to a	or exceed top all
. TEST DATA AND REQUEST FOR A OIL WELL	able for this de	epth or be for full 24 hour	·s)		
	e of Test	Producing Method (Flor	w, pump, gas li	ift, etc.)	
Length of Test Tub	ing Pressure	Casing Pressure	· · · · · · · · · · · · · · · · · · ·	Choke Size	
Actual Prod. During Test Oil-	-Bbls.	Water - Bbls.		Gas-MCF	
GAS WELL Actual Prod. Test-MCF/D Lend	gth of Test	Bbls. Condensate/MMC	OF .	Gravity of Condens	ate
Testing Method (pitot, back pr.) Tubi	ing Pressure (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size	
. CERTIFICATE OF COMPLIANCE			00:10==:	ATION COMMISS	ION

V

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.

(Signature)

(Date)

Engineer (Title) 7-15-69 TITLE .

OIL AND GAS REPECTUR

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.

Gressett

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 transporten or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.