| NO. OF COPIES RECEIVED 5 | NEW MEXICO OU | CONSERVATION COMMISSION | Form C-104 | |
|---------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--|
| SANTA FE / | REQUEST | NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | |
| U.S.G.S. LAND OFFICE OIL / | AUTHORIZATION TO TR | | | |
| TRANSPORTER GAS / OPERATOR / | | | | |
| I. PRORATION OFFICE Operator | | | #************************************* | |
| WINDFOHR OIL COMPANY | | | LA, LA, LA, ARTESIA, DEFICE | |
| | Bank Bldg., Fort Worth, To | ex as | | |
| Reason(s) for filing (Check proper | box) | Other (Please explain) | | |
| New Well | Change in Transporter of: | 7 7 20000 1101 | | |
| Recompletion Change in Ownership | | Oil Dry Gas (Jackson "A" 9 (old) Casinghead Gas Condensate | | |
| Change in Ownership | Casinghead Gas Cond | ensate | 3 | |
| If change of ownership give nam and address of previous owner | e | | | |
| II. DESCRIPTION OF WELL AN | Well No. Pool Name, Including | Formation Kind of Lea | ise Lease No. | |
| Grayburg Jackson (S-A) | Unit 4 Grayburg Jack | State, Fede | ral or Fee Federal TR. 4 2-B | |
| Unit Letter B; | 440 Feet From The N L | ine and 1980 Feet From | n The E | |
| Line of Section 24 | Township 17 Range | 30 , NMPM, | Eddy County | |
| Name of Authorized Transporter of | - | Address (Give address to which app | roved copy of this form is to be sent) | |
| | line Co. Casinghead Gas X or Dry Gas | | and, TExas roved copy of this form is to be sent) | |
| Skelly OI1 Company | Unit Sec. Twp. Rge. | P. O. Box 1650 - Tuls Is gas actually connected? | a, Oklahoma | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. A 24 17 30 | | Oec. 59 | |
| If this production is commingled IV. COMPLETION DATA | with that from any other lease or pool | , give commingling order number: New Well Workover Deepen | Plug Back Same Resty. Diff, Resty. | |
| Designate Type of Comple | | New West Heizever Seepen | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| Elevations (DF, RKB, RT, GR, etc | .) Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | |
| Perforations | | | Depth Casing Shoe | |
| | TUBING, CASING, A | ND CEMENTING RECORD | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| | | | | |
| V. TEST DATA AND REQUEST OIL WELL | | depth or be for full 24 hours) | il and must be equal to or exceed top allow | |
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas | lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | |
| Actual Prod, During Test | Oil-Bbls. | Water-Bbls. | Gas - MCF | |
| GAS WELL | | <u></u> | | |
| 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.

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.

| | velsigne [Kush v | AND | ohn Rush | Vann |
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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.