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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COM. SION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASES

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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AUG 2 1976

O. C. C.
ARTESIA, OFFICE

Operator BOYD OPERATING COMPANY	
Address Petroleum Building - Tower Suite, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of Operator Only.
Recompletion <input type="checkbox"/>	Effective 8/1/76.
Change In Ownership <input type="checkbox"/>	Change lease name
If change of ownership give name and address of previous owner Bert H. Murphy, P. O. Drawer 2164, Roswell, NM 88201	

DESCRIPTION OF WELL AND LEASE				
Lease Name Gissler B	Well No. 1	Pool Name, Including Formation Sq. Lake, Gbg. S.A.	Kind of Lease State, Federal or Fee Fed.	Lease No. LC029338b
Location				
Unit Letter A	660	Feet From The North	Line and 660	Feet From The East
Line of Section 11	Township 17S	Range 30E	, NMPM, Eddy County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Navajo Refining Co., Pipeline Div.		Box 159, Artesia, New Mexico 88210		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Continental Oil Company		P.O. Box 2197, Houston, Texas 77001		
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 12	Twp. 17S	Rge. 30E
Is gas actually connected?		When		
Yes				

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbl's.	Water-Bbl's.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbl's. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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.

(ORIG. SGD.) TOM BOYD

T. M. Boyd (Signature)
President

7/28/76 (Date)

OIL CONSERVATION COMMISSION
AUG 5 1976
APPROVED BY W. A. Gusscott, 19
TITLE SUPERVISOR, DISTRICT II

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