NO. OF COPIES RECEIVED	-				
DISTRIBUTION SANTA FE	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104		
FILE /		FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65		
U.S.G.S.	ALITHODIZATION TO TO	AND			
LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS		
TRANSPORTER OIL / GAS /	7		RECEIVED		
OPERATOR /					
I. PRORATION OFFICE			AUG 1 3 1967		
Operator			O. C. C.		
Wintfohr OI1 Company			ARTESIA, BFFICE		
R1202(s) Mixet of National, 8	ank Bldg., Fort Worth, Te	Other (Please explain) at	PATI		
New Well	Change in Transporter of:	Ch.	inge Lac of tarps		
Recompletion Change in Ownership	Oil Dry G Casinghead Gas Conde	Change of Lease Name & well # (Jackson A 11 (old)			
If change of ownership give name and address of previous owner					
	LEAGE				
II. DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F	Formation Kind of Leas	se Lease No.		
)Unit 28 Grayburg Jacks	State, Feder	ul or Fee Federal TR 2B		
	$y = e^{-t/\epsilon}$				
Unit Letter ;	3080 et From The N	ne andFeet From	The		
Line of Section T	ownship Range	30E , NMPM, Be	ldy County		
	RTER OF OIL AND NATURAL GA				
Name of Authorized Transporter of O	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)		
NTexas New Mexicon Pipi	singoard Gas or Dry Gas	P. O. Box 1510 - Midle Address (Give address to which appro	and Towas		
	X				
Skelly Oil Company If well produces oil or liquids,	Unit Sec. Twp. Rge.	P. O. Box 1650 - Tule	oklahoma		
give location of tanks.			Dec. 59		
	rith that from any other lease or pool,	give commingling order number:			
Designate Type of Complet	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.		
		Total Boptii	7.5.1.5.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations		<u></u>	Depth Casing Shoe		
	TUBING, CASING, AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V. TEST DATA AND REQUEST I			and must be equal to or exceed top allow-		
OIL WELL Date First New Oil Run To Tanks	Date of Test		pth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)		
	Tuking Description	O-size Diseases	Chake Stee		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF		
0.4.0 NDt -	<u></u>	<u> </u>	<u> </u>		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
		TILL GOLDONA MINIOT	G. W. T. Y. O. CONGESTED CO.		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	<u>. L</u>	1			

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.

ORIGIN	AL	SIG	NED	B
JOHN	RU	JSH	VA	NN

(Signature)	John	Rush	Vann
 Manager			
 8-11-67			

OIL CONSERVATION COMMISSION

APPROVED

TITLE.

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.