

NO. OF COPIES RECEIVED		11
DISTRIBUTION		
SANTA FE		/
FILE		/
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		/
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
FEB 3 1970

O.C.C.
ARTESIA, OFFICE

I. Operator **WINDFOHR OIL COMPANY** ✓

Address **1202 First National Bank Building, Fort Worth, Texas 76102**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gissler "B"	Well No. 11	Pool Name, Including Formation Grayburg Jackson (GB-SA)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-2748
Location				
Unit Letter J	2020	Feet From The south Line and 2310	Feet From The East	
Line of Section 23	Township 17 South	Range 30 East	NMPM, Eddy	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"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipe Line Company	Box #1510, Midland, Texas 79704
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
No gas connection	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	J 23 17 30 NO

If this production is commingled with that from any other lease or pool, give commingling order number: **PC 398**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input checked="" type="checkbox"/>
Date Spudded Dec. 23, 1969	Date Compl. Ready to Prod. Feb. 2, 1970	Total Depth 6988	P.B.T.D. 3200					
Elevations (DF, RKB, RT, GR, etc.) 3672 KB	Name of Producing Formation Grayburg (Premier)	Top Oil/Gas Pay 3068	Tubing Depth 3050					
Perforations 3068-76, 3093-99 and 3116-31						Depth Casing Shoe 6988		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
Plugged back from Abo formation. Bridge plug set in 4 1/2" casing at 3200'.								
	8 5/8"		1420		800 Cmc.			
	4 1/2		6988		465 "			

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 Feb. 1, 1970	Date of Test Feb. 2, 1970	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 20 psi.	Casing Pressure	Choke Size 16/64"
Actual Prod. During Test	Oil-Bbls. 48	Water-Bbls. 0	Gas-MCF

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.

Ralph L Gray
(Signature)

Consulting Engineer.
(Title)

February 3, 1970
(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 4 1970**, 19
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 completed wells.