DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OPERATOR PROPATION OFFICE Operator Windfohr Oil Company Address 1212 First National Bank Bldg., Fort Worth, Texas Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership Other (Please explain) From McWood Corporation Change in Ownership Other (Please explain) From McWood Corporation EFFECTIVE MARCH 1, 1967 If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Lease Name Mell No. Pool Name, Including Formation State, Federal Texas Line of Section 24 Townshig 7 South Range 30 East NMPM, Eddy	**************************************
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Unit Letter L : 1870 Feet From The S Line and 330 Feet From The W	LC05526
	<u> LCC)) ZC</u>
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to	be sent)
THE PERMIAN CORPORATION P. O. BOX 3119, MIDLAND, TEXAS 797	701
Name of Authorized Transporter of Casinghead Gasty or Dry Gas Address (Give address to which approved copy of this form is to	
	,
Linit Cog Turn Day Is an adulting the line of the line	
in well produces the formula,	
1 1 24 1 5 30 E 1 1es 5-8-62	
If this production is commingled with that from any other lease or pool, give commingling order number:	
COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Besty	
Designate Type of Completion - (X)	Diff. Res
	1
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	
Depth Casing Shoe	
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TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEME	NT
TEST DATA AND REQUEST FOR ALLOWARIE (Test must be after recovery of total volume of load all and must be seen	and 6== =11
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exc able for this depth or be for full 24 hours)	eed top allo

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	mp, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	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

III.

IV.

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.

4 R	Var	
0	(Signature)	
	Agent (Title)	
	(Title)	

February_{at}20, 1967

OIL CONSERVATION COMMISSION

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APPROV	W. a. Gressett	. 19
01 TITLE	THE AND DAS INSPECTUA	

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.