

30-615-04123

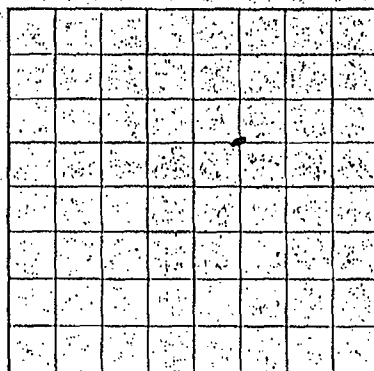
get Bureau No. 42-R3861  
reval expires 11-30-49

Form O-220

U. S. LAND OFFICE

SERIAL NUMBER

LEASE OR PERMIT TO PROSPECT



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

LOG OF OIL OR GAS WELL

LOCATE WELL CORRECTLY

Company Nash, Wadsworth & Brown Address Box 366, Los Alamos, N. M.  
Lessor or Tract Grassland Field Spencer State N. M.  
Well No. 10 Sec. 11 T. 7 N R. 2 E Meridian N. M. P. M. County Edwy.  
Location 989 ft. [S.] of N Line and 920 ft. [W.] of E Line of Sec. 11 Elevation 3737  
(Derrick floor relative to sea level)

The information given herewith is a complete and correct record of the well and all work done thereon so far as can be determined from all available records.

Signed E. P. McPhaul

Date 5-1-48

Title supv.

The summary on this page is for the condition of the well at above date.

Commenced drilling 1-1-, 19 48 Finished drilling 4-16, 19 48

OIL OR GAS SANDS OR ZONES

(Denote gas by G)

No. 1, from 3003 to 3010 No. 4, from \_\_\_\_\_ to \_\_\_\_\_  
No. 2, from 3154 to 3175 No. 5, from \_\_\_\_\_ to \_\_\_\_\_  
No. 3, from \_\_\_\_\_ to \_\_\_\_\_ No. 6, from \_\_\_\_\_ to \_\_\_\_\_

IMPORTANT WATER SANDS

No. 1, from 450 to 475 No. 3, from \_\_\_\_\_ to \_\_\_\_\_  
No. 2, from 2320 to 2356 No. 4, from \_\_\_\_\_ to \_\_\_\_\_

CASING RECORD

Size casing	Weight per foot	Threads per inch	Make	Amount	Kind of shoe	Cgt and pulled from	Perforated		Purpose
							From—	To—	
8 1/2"	28#	8 1/2"	Standard	535'	TEARS	1000'	1000'	1000'	1000'
7 1/2"	20#	8 1/2"	Standard	2372'	TEARS	2372'	2372'	2372'	2372'
5 1/2"	14#	8 1/2"	Standard	2893'	TEARS	2893'	2893'	2893'	2893'

MUDDING AND CEMENTING RECORD

Size casing	Where set	Number sacks of cement	Method used	Mud gravity	Amount of mud used
8 1/2"	535'	50 lbs	Halliburton		
7 1/2"	2372'				20 lbs equivalent
5 1/2"	2893'	100 ✓			

PLUGS AND ADAPTERS

Length 50

Depth set 3175'

30-015-04123

## PLUGS AND ADAPTERS

Heaving plug—Material *Stone wood* Length *30* Depth set *3175*  
 Adapters—Material \_\_\_\_\_ Size *6"*

## SHOOTING RECORD

Size	Shell used	Explosive used	Quantity	Date	Depth shot	Depth cleaned out
<i>4"</i>	<i>16</i>	<i>NTROBLSCER</i>	<i>460</i>	<i>3-12</i>	<i>3175</i>	<i>3175</i>

## TOOLS USED

Rotary tools were used from \_\_\_\_\_ feet to \_\_\_\_\_ feet, and from \_\_\_\_\_ feet to \_\_\_\_\_ feet

Cable tools were used from *0* feet to *2267* feet, and from \_\_\_\_\_ feet to \_\_\_\_\_ feet

## DATES

Put to producing *4-15*, 19*48*

The production for the first 24 hours was *35* barrels of fluid of which *10.0%* was oil, *11.0%* emulsion, \_\_\_\_\_ % water, and \_\_\_\_\_ % sediment. Gravity, °Bé *27.1*

If gas well, cu. ft. per 24 hours \_\_\_\_\_ Gallons gasoline per 1,000 cu. ft. of gas \_\_\_\_\_

Rock pressure, lbs. per sq. in. \_\_\_\_\_

## EMPLOYEES

*Eddie Lovell* Driller *O C Bear* Driller  
 \_\_\_\_\_ Driller \_\_\_\_\_ Driller

## FORMATION RECORD

FROM	TO	TOTAL FEET	FORMATION
<i>0</i>	<i>90</i>		<i>Surf zone</i>
<i>90</i>	<i>315</i>	<i>225</i>	<i>red rock</i>
<i>315</i>	<i>535</i>	<i>220</i>	<i>anhy</i>
<i>535</i>	<i>1255</i>	<i>720</i>	<i>sand</i>
<i>1255</i>	<i>1795</i>	<i>540</i>	<i>anhy &amp; red rock</i>
<i>1795</i>	<i>2090</i>	<i>295</i>	<i>anhydrite</i>
<i>2090</i>	<i>2095</i>	<i>5</i>	<i>red shale</i>
<i>2095</i>	<i>2320</i>	<i>225</i>	<i>anhy &amp; red beds</i>
<i>2320</i>	<i>2350</i>	<i>30</i>	<i>red sand</i>
<i>2350</i>	<i>2735</i>	<i>385</i>	<i>anhydrite few lime shell</i>
<i>2735</i>	<i>3003</i>	<i>268</i>	<i>lime</i>
<i>3003</i>	<i>3010</i>	<i>7</i>	<i>oil sand hard</i>
<i>3010</i>	<i>3127</i>	<i>17</i>	<i>white lime</i>
<i>3127</i>	<i>3163</i>	<i>36</i>	<i>anhydrite</i>
<i>3163</i>	<i>3185</i>	<i>22</i>	<i>grey lime &amp; sand oil saturated</i>
<i>3185</i>	<i>3259</i>	<i>74</i>	<i>grey lime</i>
<i>3259</i>	<i>3267</i>	<i>8</i>	<i>white lime</i>
			<i>total depth</i>

(OVER)

LC WILSON RECORD-COPIED

Form 9-331a  
(March 1942)Budget Bureau No. 42-R358.1.  
Approval expires 11-30-40.

(SUBMIT IN TRIPLICATE)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYLand Office Las CrucesLease No. 029338-BUnit Gissler

## SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL	SUBSEQUENT REPORT OF WATER SHUT-OFF	
NOTICE OF INTENTION TO CHANGE PLANS	SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING	X
NOTICE OF INTENTION TO TEST WATER SHUT-OFF	SUBSEQUENT REPORT OF ALTERING CASING	
NOTICE OF INTENTION TO RE-DRILL OR REPAIR WELL	SUBSEQUENT REPORT OF REDRILLING OR REPAIR	
NOTICE OF INTENTION TO SHOOT OR ACIDIZE	SUBSEQUENT REPORT OF ABANDONMENT	
NOTICE OF INTENTION TO PULL OR ALTER CASING	SUPPLEMENTARY WELL HISTORY	
NOTICE OF INTENTION TO ABANDON WELL		

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

April 24, 1948

Well No. 10-B is located 1980 ft. from [N] line and 1980 ft. from [E] line of sec. 11C SW 1/4 NE 1/4 11  
(4 Sec. and Sec. No.)17S  
(Twp.)30E  
(Range)N.M.P.M.  
(Meridian)Square Lake  
(Field)Eddy  
(County or Subdivision)New Mexico  
(State or Territory)

The elevation of the derrick floor above sea level is \_\_\_\_\_ ft.

## DETAILS OF WORK

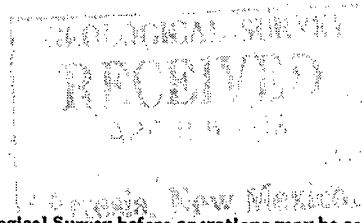
(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work.)

We shot well with 460 qts. nitroglycerine, using 4" shells from 2992' to 3176'

## Results-

Before shot 700' oil in hole.

After shot flowed 25 bbls. per day.



I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company Nash, Windfohr & Brown  
1107 Fort Worth Nat'l Bank Bldg.Address Fort Worth, Texas

2 Hd. Copy

E. R. McPhaulP. O. Box 366Loce Hills, New MexicoBy E. R. McPhaulTitle Supt.

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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED

JUL 14 1969

D. C. C.  
ARTESIA, OFFICE

WINDFOHR OIL COMPANY

Address  
1202 First National Bank Bldg., Fort Worth, Texas

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☒Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Gissler B	10	Square Lake	State, Federal or Fee Fed	NM 2748
Location				
Unit Letter		Feet From The	Line and	Feet From The
G	1980	N	1980	E
Line of Section	11	Township	17S	Range
			30E	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)
Navajo Refining Co. Pipe Line Div.	North Freeman Ave., Artesia, New Mexico
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
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
B 11 17 30 Yes	

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

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
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					

## 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	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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

*J. R. Vann*  
(Signature)  
Engineer  
(Title)  
7-15-69  
(Date)

## OIL CONSERVATION COMMISSION

APPROVED

BY *W. D. Gussett*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.

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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator  
**MINDCOHR OIL COMPANY**  
Address  
**1202 First National Bank Bldg., Fort Worth, Texas**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐  
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Bissler B</b>	Well No. <b>10</b>	Pool Name, including Formation <b>Square Lake</b>	Kind of Lease State, Federal or Fee <b>Fed</b>	Lease No. <b>NM 2748</b>
Location Unit Letter <b>G</b> 1980 Feet From The <b>N</b> Line and 1980 Feet From The <b>E</b> Line of Section <b>11</b> Township <b>17S</b> Range <b>30E</b> , NMPM, <b>Eddy</b> 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"/> <b>Navajo Refining Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>North Freeman Ave., Artesia, New Mexico</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Continental Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 2197, Houston, Texas</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>11</b>	Twp. <b>17</b>	Rge. <b>30</b>
Is gas actually connected?		When		
<b>Yes</b>				

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

IV. 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.S.T.D.					
Elevations (OF, 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				

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	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

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.

J. R. Vanner  
(Signature)  
**Engineer**  
(Title)  
**7-15-69**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1106.  
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.

30-015-04123

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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

**RECEIVED**  
JUN 18 1969  
JUN 18 1969

**D. C. C.**  
**ARTESIA, OFFICE**

**I. OPERATOR**

Operator: **WINDFORD OIL COMPANY**

Address: **1202 First National Bank Bldg., 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 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 <b>Elester B</b>	Lease No. <b>NM 2740</b>	Well No. <b>10</b>	Pool Name, including Formation <b>Square Lake</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location				
Unit Letter <b>X6</b> , <b>1980</b> Feet From The <b>N</b> Line and <b>1980</b> Feet From The <b>E</b>				
Line of Section <b>11</b>	Township <b>17S</b>	Range <b>30E</b>	, NMPM, <b>Reddy</b> 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)
<b>Navajo Pipeline Co., Pipeline Division</b>	<b>North Freeman Avenue, Artesia, New Mexico</b>
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)
<b>Skelly Oil Company</b>	<b>Box 1135, Eunice, New Mexico</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<b>B H 19 30</b>

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
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			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

**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	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**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	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.

*J. R. Vance* **J. R. VANCE**  
(Signature)  
Engineer  
(Title)  
6-16-69  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED

BY

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.



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**NEW MEXICO OIL CONSERVATION COMMISSION**  
**REQUEST FOR ALLOWABLE**  
**AND**  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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

**I. OPERATOR**

Operator  
**WINDFOHR OIL COMPANY**

Address  
**1202 First National Bank Bldg., Fort Worth, Texas 76102**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" 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 <b>Gissler B</b>	Lease No. <b>NM 2748</b>	Well No. <b>10</b>	Pool Name, including Formation <b>Square Lake</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location				
Unit Letter <b>I</b>	<b>1980</b> Feet From The <b>N</b> Line and <b>1980</b> Feet From The <b>E</b>			
Line of Section <b>11</b>	Township <b>17S</b>	Range <b>30E</b>	<b>NMPM</b>	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)
<b>Navajo Refining Co., Pipeline Division</b>	<b>North Freeman Avenue, Artesia, New Mexico</b>
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)
<b>Skelly Oil Company</b>	<b>Box 1135, Eunice, New Mexico</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
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			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

**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)

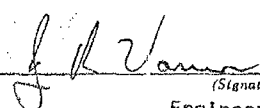
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	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.

  
 \_\_\_\_\_  
 (Signature) **J. R. VANN**  
 \_\_\_\_\_  
 (Title) **Engineer**  
 \_\_\_\_\_  
 (Date) **6-16-69**

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY \_\_\_\_\_  
 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.