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		1.7	V. V				<u> </u>

	LEASE OR PERMIT TO PROSPECT
	UNITED STATES
DEP	ARTMENT OF THE INTERIOR
	GEOLOGICAL SURVEY
	OF OIL OR GAS WELL
LOCATE WELL CORRECTLY	
	Address Box 366 Joes Will M.M.
	Field State Jal State
Well No. 10 Sec11 T/ZIBOE Meridia	and the control of th
Location To 9th S of M Line and POIL W of	Line of Lee / Elevation J. 73.7
	l correct record of the well and all work done thereon
so far as can be determined from all available records.	Signed 6 7 MC Hace C
Date 5-1-48	Title
The summary on this page is for the condition of	the well at above date
Commenced drilling	Finished drilling 1941
OIL OR GAS SA	NDS OR ZONES
No. 1, from 3003, to 3010	gas by O) No. 4, from to
No. 1, from 2003, to 3.75.  No. 2, from 3/54 to 3/75.	
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No. 2, from 23.20 to 23.56	No. 4, from to
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SOLD TO STAND OF CO.	IX TO SE COMMUNICATION OF THE PROPERTY OF THE
	MENTING RECORD
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8 x 535 50 Loc Hall	el. T
100 c	20000
	ADAPTERS  Depth set
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	1,00	Maria Maria			to you	gel
		LPLUGS AN	) ADAPTERS			
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Form 9-331a (March 1942)

(SUBMIT IN TRIPLICATE)

## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

Budget Bureau No. 42-R358.1

Land Office LAS Cruces

Lease No. 029338-H

Gissler

NOTICE OF INTENTION TO DRILL		SUBSEQUENT REPORT OF WATER SHUT-OFF	
NOTICE OF INTENTION TO CHANGE PL	LANS	SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING	_ X
NOTICE OF INTENTION TO TEST WATE	R 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 A	And the second of the second s	SUPPLEMENTARY WELL HISTORY	-1
NOTICE OF INTENTION TO ABANDON	WELL		
(indicati	E ABOVE BY CHECK MARK	NATURE OF REPORT, NOTICE, OR OTHER DATA)	
		April 24	19.48
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	ated Ayou it. in	om line and 1980 ft. from line of sec.	
C. SW4 NE <sub>4</sub> 11	178 (Twp.)	30B N.M.P.M. (Rango) (Moridian)	
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(bleid)		New Mexico y or Subdivision (State or Territory)	
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ne elevation of the derrick	noor above sea ie		
	DETA	ILS OF WORK	
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	ing points, and all	other important proposed work)	
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	HO. OF COPIES RECEIVED  DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  GAS  OPERATOR  PRORATION OFFICE	REQUEST	DISSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL GAS	Form C-104 Supersedes Old C-10s and C-110 R Effective-1-1-55 E D  JUL 14 1969  J. C. C. RRTESIA. OFFICE
В.	Cperator			The Control Control
	WINDFOHR OIL COMPANY Address			
	202 First National Bank   Reason(s) for filing (Check proper box)	Bldg., Fort Worth, TExa		
	New Well Recompletion Change in Ownership	Change in Transporter of:  Oii Dry Gas  Casinghead Gas Conden	<del></del>	
	If change of ownership give name and address of previous owner			
en.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	e Lake State, Federal or	Fee Fed NM 2748
Ą	Unit Letter G ; 19	80 Feet From The N Line	and 1980 Feet From The	
	Line of Section   Tow	nship 178 Range	30E , NMPM, Eddy	County
W 10 10 10 10 10 10 10 10 10 10 10 10 10	Name of Authorized Transporter of Oil	inghead Gas XX or Dzy Gas _	S Address (Give address to which approved a North Freeman Ave., Artesi Address (Give address to which approved P. O. Box 2197, Houston, I is gas actually connected? When	ia, New Mexico copy of this form is so be sent)
	give location of tanks.	B 11 17 30	Yes	
	If this production is commingled wit COMPLETION DATA	h that from eny other lease or pool,	give commingling order number:	
	Designate Type of Completio	n = (X)   Gas Well	New Well Workover Deepen Pl	lug Book   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 Cil/Gas Pay To	ubing Depth
	Perforations		9.0	epth Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	
J.	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
₩.	TEST DATA AND REQUEST FOOIL WELL Date First New Oil Bun To Tanks	DR ALLOWABLE (Test must be at able for this de	fter recovery of total volume of load oil and pth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, e	1
1	Length of Test	Tubing Pressure	Casing Pressure C	hoka Siza
di L	Actual Fred, During Test	Oil-Bala.	Water-Bble. G	cs-NCF
i Silve	gas well			
	Actual Prod. Test+MCF/D	Length of Test	Bbls. Condensate/MMCF	revity of Condensate
:	Testing Method (pitor, back pr.)	Tubing Pressure (Shnt-in)	Casing Pressure (Shrit-in)	Thoke Size
٧ì,	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATI	ON COMMISSION
	I hereby certify that the rules and a Commission have been complied a shove is true and complete to the	with and that the information given	APPROVED JUL 171 BY W. S. Sresse	969 , 12
	Webs / / /		TITLE OIL AND GAS INSI	*
	1 1 & Van	<u>~</u>	This form is to be filed in com If this is a request for allowable	le for a newly drilled or despened
5.	(Signa Engli		well, this form must be accompanied tests taken on the well in accordan	d by a tabulation of the deviation of the with RULZ 111.
	(Ti	ele)	able on new and recompleted walls	
	7-15-	-69 ue)	well name or number, or transporter.	
da a Am			Separate Forms C-104 must be completed wells.	e filed for each pool in multiply

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	· NO. OF COPIES REC	
	CISTRIBUTI	ON
	SANTA FE	
	File'	
	U.S.G.S.	
	LAND OFFICE	
	LRANSPORTER	OIL
1.	***************************************	GAS
	CPERATOR	
£.,	PRODATION OF	TICE
7	Operator	***************************************

SANTA FE	N	REQUEST	FOR ALLO		SSION	Sup	m C-104 ersedes Old ( ective 1-1-65	C-104 and C-11
U.S.G.S.	AUTHORI	ZATION TO TR.	AND ANSPORT (	א חמא וונ	ATHRAL C			
LAND OFFICE				3112 M(12) M	ATOKAL C	7.0	•	
LEANSPORTER OIL GAS								
CPERATOR								
PRODATION OFFICE							فطلحان عويز والمتحدد ومجروا الراجال وسير	•
MINDFOHR OIL COMPAN	Y		and the state of t		**			رجد المعاديد المدارية والمعادلة المدارة المعادلة المعادلة المدارة المعادلة المارة المعادلة المارة المارة المارة
1202 First National		t Worth, TEx	as					
Reason(s) for thing (Check pro	oper box) Change In Tro	angeories of	C	ther (Please	ezpiain)			
Recompletion	Oil Circuide II: 110	Dry G	as [					
Change In Ownership	Casinghead G	Gas XX Conde	ensate 📗				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
If change of ownership give and address of previous own	neme er							<u> </u>
. DESCRIPTION OF WELL	AND LEAST							
Lease Name Dissier B	Well No. Por	ol Name, including f Squa Ramma		1	Kind of Lease State, Federa		ed	Lease No. NM 2748
Location		22/11/20		<u>_</u>				
. Unit Letter G ;	1980 Feet From T	hoLı	ne and	30	_ Feet From ?	he E		
Line of Section	Township 175	Range	30E	, NMPM,	Edo	dy		County
DESIGNATION OF TRAN	SPORTER OF OIL AN	ID NATURAL G	AS		which appro-	ad ac=========	de form in a	(a. 5a-1)
Navajo Refining Co.	r of Oil []XX or Conds	ensate 🗍			ve., Arte			
Name of Authorized Transport	r of Casinghaad Gas	or Dry Gas	Address (G	ive address to	which approx	ed copy of si	is form is to	be sent)
Continental Oil Con	<u> </u>				Houston			
if well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Age.	1	ally connected	d? Whe	'n		
. If this production is comming. COMPLETION DATA	ded with that from any o	ther lease or pool,	give commit	ngling order	number:			
Designate Type of Con	mpletion - (X)	/eli   Gas Weli	New Well	Workover	Deepen	Plug Back	Same Res's	v. Diff. Resiv.
Data Spudded	Date Compl. Read	ly to Prod.	Total Depti	<u> </u>	<u> </u>	P.B.T.D.	<u></u>	
Elevations (OF, RKB, RT, GR	etc.) Name of Production	g Formation	Top Oil/Go	s Pay		Tubing Der	oth .	
Perforations						Depth Cast	ng Shop	
Postations						Jopen Cas.		
About the state of the second control of the		ING, CASING, AN	D CEMENTI			· · · · · · · · · · · · · · · · · · ·		
HOLE SIZE	CASING &	TUBING SIZE		DEPTH SE	<u>T</u>	5	ACKS CEME	INT
			<del>-</del>			ļ	******	
· TEST DATA AND REQU	EST FOR ALLOWARD	E (Test must be a		of sotal malum	e of land oil	i	acual to or as	enad top allow
OH, WELL		able for this d	epth or be for	full 24 hours)			minds to or do	
Date First New Oil Run To To	nks Date of Test-		Producing i	Aethod (Fl <b>ow</b> ,	pump, gas lij	t, etc.)		
Longth of Test	Tubing Pressure		Casing Pre	sauro		Choke Size	)	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls			Gas-MCF	·	
GAS WELL								
Actual Prod. Test-MCF/D	Length of Test		Bbls. Cond	enacte/MMCF	•	Gravity of	Condensate	
Testing Mathed (pitot, back pr	.) Tubing Pressure (	sent-in)	Casing Pre	ssuro (Shuk-	in)	Choke Size	)	
L CERTIFICATE OF COM	LIANCE			OIL C	ONSERVA	TION CO	MMISSION	<del> </del>
The formation or market of the second		011.0	APPRO	/ED			1	
I hereby certify that the rule Commission have been com- spove in true and complete	plied with end that the	information given		•			•	
			<b>)</b> }					
1101			- []					1108.
/\ K'Uc	uur.		10.00		be filed in a	abla for a r	newly deliled	benearsh to t
	(Signature)		well, thi	s form must	be accompa	nied by a to	to noitalude	the doviction
	Engineer (Title)		All	sections of	this form mu	st be filled		oly for allow-
•	7-15-69		Fill	out only S	completed we sections I. II	. III. and V	I for chang	ges of owner,
	(Date)		well nam	e or number	, or transport	en or other	such change	of condition. of in multiply
·			complete		0-104 mrs	. 56 22460 1	or pace hoc	

1	NO. OF COPIES RECEIVED	]		
ļ	DISTRIBUTION	NEW MEYICO OU	ONSERVATION COMMISSION	5 . 5
	SANTA FE /		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110
	F)LE /		AND	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	ASRECEIVED
	Tou /			JUN 1 8 1960
	TRANSPORTER GAS /	-i		1011 - 0 1203
- 1	OPERATOR /	•		•••
1.	PRORATION OFFICE			O. C. C.
-	Operator			ARTESIA, OFFICE
	KINOKONE DIL COMPANY			
	Address			
	1202 First Nettonel Sa	ekElag., Fort borth, Tax		
- 1	Reason(s) for filing (Check proper box,		Other (Piease explain)	
1	Recompletion	Change in Transporter of: Oil Dry Go	<u> </u>	
- 1	Change in Ownership	Casinghead Gas Conder	77	
Ł	•			
	If change of ownership give name			
	and:address of previous owner			
П.	DESCRIPTION OF WELL AND	LEASE		
Ī	Lease Name	. 1	me, Including Formation	Kind of Lease
-	Signior 8	NY 2746   15   Sout	re Lake	State, Federal or Fee Fauttral
	Location			
1	Unit Letter / G ;	Feet From TheLin	ne andPeet From Ti	he
		• *** /	*** 35.00	
1	Line of Section Tov	vnship 175 Range	309 , NMPM, 6	ਪੋਰੇ County
11	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	2	
[	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)
i	- Havajo in fining Co., P	teating Divison	Borth Freeman Avenue, J	Artosia. New Maxico
Ì	Name of Authorized Transporter of Cas		Address (Give address to which approve	ed copy of this form is to be sent)
ĺ	Skelly Gil Coopeny		Box 1135, Eunica, Nam 1	*ex Ico
	if well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gas actually connected? , When	9
l	give location of tanks.	10111119130		
V.	COMPLETION DATA  Designate Type of Completic	on - (X)   Oil Well   Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff, Res'v.
-	Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.
Ì	·			
Ī	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Į				
	Perforations			Depth Casing Shoe
-				
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	D CEMENTING RECORD	DA OVE CENTURE
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		<del>  `                                   </del>		
į				
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil a	nd must be equal to or exceed top allow
	OIL WELL	able for this de	epth or be for full 24 hours)	
i	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
.	mangin or rest	rania transita	Control Lineama	
	Actual Prod. During Test	Oil-Bhls.	Water-Bbis.	Gas-MCF
ŧ				<u> </u>
	GAS WELL			
Ī	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
ļ				
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
į		L	1	<u> </u>
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION
				JUN227128Q.
		egulations of the Oil Conservation	APPROVED	7,19
		with and that the information given best of my knowledge and belief.	BY TO THE STATE OF	Llamo
				10 18 18 18 10 TO TO
	2 . /		TITLE	All the second s
	1111		This form is to be filed in c	ompliance with RULE 1104.
	4/1 Vanu	J. R. VARDE	If this is a request for allow	able for a newly drilled or deepened
	(Signa Englise		well, this form must be accompanted tests taken on the well in accord	iled by a tabulation of the deviation
	C.A.*		11	it be filled out completely for allow-
	(Τι 6-16-6		able on new and recompleted wel	lie.
	(Da		Fill out only Sections I, II,	III, and VI for changes of owner, er, or other such change of condition.
	(D)	,	il or maniport or transports	

Separate Forms C-104 must be filed for each pool in multiply completed wells.

هنائه بأرش تفاده والمسسدين والمنتقص يتماهم	a saga estempo de cara est	ojundsilvi	. nejsmini			
NO. OF COPIES REC	İ					
DISTRIBUTE						
SANTA FE	SANTA FE					
FILE	FILE					
U.S.G.\$.	U.S.G.\$.					
LAND OFFICE						
IRANSPORTER	OIL					
IRANSPORTER	GA5					
OPERATOR	OPERATOR					
PRORATION OF	PRORATION OFFICE					
Operator			·			
WINDFOHR OI	L COM	PAN	Y			
Address						

## NEW MEXICO OIL CONSERVATION CO: SION

SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11
FILE	_	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS
TRANSPORTER OIL			
GAS			•
OPERATOR			
PRORATION OFFICE Operator		<u></u>	
WINDFOHR OIL COMPANY			
Address			
1202 First National B	ankBldg., Fort Worth, Tex	as 76102	
Reason(s) for filing (Check proper bo.	Change in Transporter of:	Other (Please explain)	
Recompletion	OH KA Dey Ge	to D	
Change in Ownership	Casinghead Gas Conde	nsate 🗍	
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		
Lease Name		me, Including Formation	State, Federal or Fee Fodorol
Gissler B	NM 2748   10   Squa	re Lake	State, Federal or Fee Federal
	980 Feet From The N Lir	ne and 1980 Feet Fro	om TheE
Omit Detter	200 Teet From The N	150015001601116	
Line of Section     To	ownship 17S Range	30E , NMPM,	Eddy County
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	16	
Name of Authorized Transporter of O	or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)
Navajo Refining Co., 1	Pipeline Divison	North Freeman Avenue	, Artesia, New Mexico
Navajo Refining Co., I Name of Authorized Transporter of Co	asinghead Gas X or Dry Gas	Address (Give address to which ap	proved copy of this form is to be sent)
Skelly Oil Company		Box 1135, Eunice, Ne	
If well produces oil or liquids, give location of tanks.	Unii Sec. Twp. Pge.	Is gas actually connected?	When .
	<u> </u>		
If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give comminging order number:	
Designate Type of Complet	ion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'
Date Spudded		1	P.B.T.D.
Date Speaded	Date Compl. Ready to Prod.	Total Depth	F.S.1.D.
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oli/Gas Pay	Tubing Depth
Perforations		· •	Depth Casing Shoe
·	TUBING CASING AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST I	COP ALLOWARIE (Tourney be	the second of second well-man of land	oll and must be equal to or exceed top alle
OIL WELL	able for this d	epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bhis.	Water-Bbls,	Gqs-MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, tack pr.)	Tubing Pressure	Casing Pressure	Choke Size
	<u> </u>	11	
CERTIFICATE OF COMPLIA	4CE	OIL CONSER	VATION COMMISSION
¥ b		APPROVED	
Commission have been complied	I regulations of the Oil Conservation with and that the information given		
above is true and complete to the	he best of my knowledge and belief.	BY	
	* *	TITLE	
1 / 1 - 1			in compliance with RULE 1104.
& Il Van	J. R. VANN	If this is a request for a	Howable for a newly drilled or deepen
	natura j	well, this form must be accome tests taken on the well in ac	nounted by a tabulation of the deviati
Engine			must be filled out completely for allo
	Title)	able on new and recompleted	wells.
6-16-6	59 Date)	Fill out only Sections I well name or number, or trans	I, II, III, and VI for changes of owner porter, or other such change of condition
santa (ili	,	Separate Forms C-104 r	nust be filed for each pool in multip
		completed wells.	·