

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Roswell, N. M. March 24, 1958
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Featherstone-Gale (Company or Operator) Roach (Lease), Well No. 1, in SE 1/4 NE 1/4, H (Unit Letter), Sec. 34, T. 20S, R. 34E, NMPM., Lynch Pool

Lea

Please indicate location:

D	G	B	A
E	F	G	H
L	K	J	I
M	N	O	P

County. Date Spudded Jan. 21, 1958 Date Drilling Completed 2/11/58

Elevation 3745 Total Depth 3772 FBTD

Top Oil/Gas Pay 3750 Name of Prod. Form. 7 Rivers

PRODUCING INTERVAL -

Perforations

Open Hole 3750-72 Depth Casing Shoe 3521 Depth Tubing 3705

OIL WELL TEST -

Natural Prod. Test: 20 bbls. oil, 0 bbls water in 24 hrs, min. Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): bbls. oil, bbls water in hrs, min. Size

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	Size
9-5/8	330	225
7	3521	450
2-3/8	3705	

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):

Casing Tubing Date first new Press. Press. oil run to tanks February 24, 1958

Oil Transporter Texas New Mexico Pipeline

Gas Transporter

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved, 19.....

Olen F. Featherstone and Cecil A. Gale (Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]

By: [Signature] (Signature)

Title

Title Geologist Send Communications regarding well to:

Name Olen F. Featherstone

Address Hinkle Bldg., Roswell, N. M.