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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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 **OLEN F. FEATHERSTONE**

Address **239 Petroleum Building, Roswell, New Mexico 88201**

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

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name **ANDERSON FEE** Well No. **1** Pool Name, Including Formation **North Morton Permo-Penn** Kind of Lease **Fee** Lease No. _____

Location

Unit Letter **M** Feet From The **South** Line and **660** Feet From The **West**

Line of Section **29** Township **14 South** Range **35 East** , NMPM, **Lee** County _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate

PAN AMERICAN PETROLEUM CORPORATION Address (Give address to which approved copy of this form is to be sent) **Box 3119, Midland, Texas 79701**

Name of Authorized Transporter of Casinghead Gas or Dry Gas

NONE Address (Give address to which approved copy of this form is to be sent) _____

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	29	14S	35E	No.	

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 <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 type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded August 17, 1967	Date Compl. Ready to Prod. July 23, 1968	Total Depth 10,700'		P.B.T.D. 10,625'				
Elevations (DF, RKB, RT, GR, etc.) 4044' GR	Name of Producing Formation Permo-Penn	Top Oil/Gas Pay 10,542'		Tubing Depth 10,390'				
Perforations 10,543'-46'-47'; 10,556'-57'-58'; 10,568'-69'-70'				Depth Casing Shoe 10,660'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		375'		360			
11"	8-5/8"		4,520'		500			
7-7/8"	5-1/2"		10,660'		200			
	2-3/8"		10,390'					

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 August 3, 1968	Date of Test November 8, 1968	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 314 BF	Oil - Bbls. 24	Water - Bbls. 290	Gas - MCF 1STM

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.

OLEN F. FEATHERSTONE

By Charles W. Hicks
(Charles W. Hicks) (Signature)
General Manager (Title)

November 18, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY J. L. [Signature]

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.