NO. OF COPIES REC	5		
DISTRIBUTION			
SANTA FE			
FILE	7-		
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	7	
TRANSFORTER	GA5		
OPERATOR		2	
PRORATION OF			
Operator			

February 28, 1968

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## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	FILE /-		AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL (	GAS		
	LAND OFFICE			RECEIVED		
	TRANSPORTER OIL	: 				
	GAS	<del>-</del> :		1100		
	OPERATOR ~	4		1103 1 1968		
I.	PRORATION OFFICE	<u> </u>				
	Operator			The same		
	FEATHERSTONE FA	RMS, LTD.		Crews Crews		
	239 Petroleum B	uilding, Roswell, No	W 'lexico 88201 Other (Please explain)			
	Reason(s) for filing (Check proper box		Other (Please explain)			
	New Well	Change in Transporter of:  Oil Dry Gas		, ,		
	Recompletion	Casinghead Gas Condens	The state of the s	ank		
	Change in Ownership X	Cdsinghedd dds [_] Conden.	sale			
	If change of ownership give name)	HN F FFATGEPSTONE	230 Potroloum Pldo	,Roswell, New Mexico		
	and address of previous owner	in a limitime of Own,	255 recrotedin bidg.	, soswell, New Mexico		
11	DESCRIPTION OF WELL AND	1 FACE				
11.	DESCRIPTION OF WELL AND Lease Name	. Well No. Fool Name, including Fo				
	Federal 'A'	1 Square Lak	State, Feder	ol or Fee Federal LC 068888		
	Location	1 oquato yak		rederat LC UOSOS		
	Introduce A . 66	O Feet From The North Line	and 660 Feet From	The Book		
	Unit Letter A 00		3C	The Hist		
	Line of Section 31 To	waship ${f 16}$ S Range		dd <b>y</b> County		
	Ellie of occiton		<u> </u>	uuy		
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S			
	Name of Authorized Transporter of 7:11		Address (Give address to which appro	oved copy of this form is to be sent)		
	Toxas-New Mexico P	ine Line Cownany	Nov 1510 Widlend	7		
	Name of Authorized Transporter of Car	'ipe Line Companysinghead Gas or Diy Gas	Address (Give address to which apple	oved copy of this form is to be sent)		
	NONE					
		Unit Sec. Twp. Ege.	is gas actually connected?   Wi	nen		
	If well produces oil or liquids, give location of tanks.	A 31 16S 31E	1			
	Testing and add and	th that from any other lease or pool,	give commingling order number			
	COMPLETION DATA	th that from any other rease of poor,	give committee order number.			
•••			New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Designate Type of Completic	on $-(X)$				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	İ					
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/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 F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oi	l and must be equal to or exceed top allow-		
	OIL WELL	able 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.)		
		<u> </u>		Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure	Croke Size		
				Gas-MCF		
	Actual Prod. During Test	O11 - Bbls.	Water - Bbis.	GGE-MCF		
			<u> </u>			
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
			Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-ia)	Cdsing Pressure (Since-12)	Chore size		
			<u> </u>			
VI	. CERTIFICATE OF COMPLIAN	ERTIFICATE OF COMPLIANCE		ATION COMMISSION		
			1	. 19		
	I hereby certify that the rules and regulations of the Oil Conservat Commission have been complied with and that the information gives		AFFROVED			
	Commission have been complied	with and that the information given he best of my knowledge and belief.	BY W. G. Sie	sset		
	FEATHERSTONE FARMS, LTD.					
			TITLE			
( ) // //			This form is to be filed in	compliance with RULE 1104.		
	BY: Varrii C	trucket 1.1	ve at the second of the other	owable for a newly drilled or deepened		
	2000	nature)	well, this form must be accomp tests taken on the well in acc	senied by a tabulation of the deviation		
	CLERK	/	tests taken on the well in acc	nust be filled out completely for allow-		
	(Title)		able on new and recompleted	wells.		
			11			

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.