	······································	·							
	NO. OF COPIES RECEIVED	DNSERVATION COMM	ISSION	Form C-104					
	SANTA FE		FOR ALLOWABLE Supersedes Old C-104 and C-110 Elective 1-1-05						
	FILE /-	AUTHORIZATION TO TRAI	AND TRANSPORT OIL AND NATURAL RECEIVED						
	LAND OFFICE								
	TRANSPORTER OIL / GAS /		JUN 1 1 1969						
	OPERATOR /		0. C. C.						
••	Operator ARIEBIA, OFFICE								
	FEATHERSTONE FARMS, LTD.								
,	239 Petroleum Building, Roswell, New Mexico 88201 Reason(s) for filing (Check proper box) Other (Please explain)								
	New Well Change in Transporter of:								
	hecompletion Oil A Dry Gas								
	If change of ownership give name and address of previous owner		. <u></u>		· · · · · · · · · · · · · · · · · · ·				
н.	DESCRIPTION OF WELL AND I	VEASE Well No. Pool Name, Including Fo	ormation	Kind of Lease	Federal	Lease No.			
	Valentine	1 Square Lake		State, Federal	or Fee	LC060476			
	Location M 66	60Feet From TheLine	660	Feet From T	West				
	Unit Letter;;			Feet From 1					
	Line of Section 27 Township 16 South Range 31 East, NMPM, Eddy County								
	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	S Address (Give address	to which approv	ed copy of this form is	to be sent)			
	Navajo Refining Company, Pipe Line Div 'Artesia, New Mexico								
	Navajo Kerrining Company, 12po Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent) Phillips Petroleum Company Bartlesville, Oklahoma- & diata, Jeyaz								
	if well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connec	ed 2 Whe	the second s				
	give location of tanks.								
īv.	If this production is commingled with that from any other lease or pool, give commingling order number: <u>COMPLETION DATA</u> Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.								
	Designate Type of Completio			l I 					
	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								
	TUDING, CASING, AND CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
	······								
		CD STICHARTE (Test must be a	fter recovery of total vo	ume of load oil i	and must be equal to or	exceed top allow-			
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.)								
	Date First New Oil Run To Tanks Date of Teet								
	Length of Test	Tubing Pressure		Casing Pressure		Choke Size			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbla.		Gaa-MCF				
	GAS WELL				Gravity of Condensat				
	Actual Prod. Test-MCF/D	Length of Teat	Bbis. Condensate/MM	UF'	Gravity of Condeneal	•			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in )	Casing Pressure (Shu	t-in)	Choke Size				
VI	CERTIFICATE OF COMPLIAN	OIL CONSERVATION COMMISSION							
			APPROVED						
	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 beat of my knowledge and belief.		BY	7.4	lam to				
	FEATHERSTONE FARMS, LTD.		TITLE						
	Charles M. Thicker		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despond						
	(Signature)		<ul> <li>If this is a receiver to unperied by a tabulation of the deviation to the form must be decomparied by a tabulation of the deviation to the taken on the well in decordance with AULE 111.</li> <li>All sections of this form that the filled out completely for allowable on new and recompleted wells.</li> <li>Fill out only Costions I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.</li> </ul>						
	General Manager (Title)								
	June 9, 1959								
	G)	Separate Forms C-16, must be filed for each pool in multi-iy completed wells.							

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mpleted	wella.		