NO. OF COPIES RECEIVED			<u> </u>
DISTRIBUTION			
SANTA FE			
FILE			
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL		1
IRANSPORTER	GAS		/
OPERATOR			/
PRORATION OFFICE			<u> </u>

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

AND STORT OF AND NATURAL GAS

?	Form C-104 ESTABLE 1 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	JHN : : 1779

-	U.S.G.S. LAND OFFICE IRANSPORTER OIL / GAS /	JUN 1 1779					
	OPERATOR /			ARTESIA, OFFICE			
1.	PRORATION OFFICE Operator						
	OLEN F. FEATH						
	236 Petroleum Building, Roswell, New Mexico 88201						
	Reason(s) for filing (Check proper box)	Character Tegranostat of	Other (Please explain)				
	New Well Change in Transporter of: Recompletion Oil A Dry Gas						
	Change in Ownership	Casinghead Gas Condens	ate				
	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.			
	Lease Name Featherstone Trust K-27	1 Square Lake		Federal LC060476			
1	Location	C - +1-	1000	West			
	Unit Letter K; 198	Feet From The South Line	and 1900 Feet From Tr	ne			
	Line of Section 27 Tow	nship 16 South Range 31	L East , NMPM,	Eddy County			
***	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S				
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Othe Bulless to Biller officer)	ì			
	Navajo Refining Cor Name of Authorized Transporter of Cas	npany, Pipe Line Div	Address (Give address to which approve	ed copy of this form is to be sent)			
	Phillips Petroleum	Company	Odessa, Texas Is gas actually connected? When	1			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Age. K 27 16S 31E	is day cordain animitation	May 5, 1964			
īV.	If this production is commingled with that from any other lease or pool, give comminging order number: LV CONDITION DATA						
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same							
	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			
	TUBING, CASIMS, AND CENENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	OCPTH SET	SACKS CEMENT			
	HOLE SIZE						
V.	TEST DATA AND REQUEST FO	OR ALLOWALLE (Test must be a) able for this de	fter recovery of total volum e of load oil o pth or be for full 24 hours)	and must be equal to or exceed top allow-			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	i, eic.)			
		Tubing Pressure	Casing Pressure	Choxe Size			
	Length of Test			Gaa • MCF			
	Actual Prod. During Test	Oil-Bbis.	Water-Sbls.	GG- 101			
		<u> </u>					
	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 (Shwa-12)	Choke Size			
	resting Method (pilot) but pro						
VI	CERTIFICATE OF COMPLIANCE			TION COMMISSION			
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information give			APPROVED Tame F				
Commission have been complied with the that the information given above is true and complete to the best of my knowledge and belief.		See Assi Wha en attivity					
			TITLE				
	-1 0 M. 11	· / i	1	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended			
Charle Me Sticke			If this is a request for sitewasts for a newly distriction of the deviation well, this form must be accompanied by a tabulation of the deviation				

(Signature)

(Date)

General Manager
(Title)
June 9, 1969

If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tosts 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 Eserions I, II, and VI for changes of owner, well name or number, or transporten or other such change of condition.

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