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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 **FEATHERSTONE FARMS, LTD.** ✓  
Address **239 Petroleum Building, Roswell, New Mexico 88201**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☒ Other (Please explain)

If change of ownership give name and address of previous owner **OLEN F. FEATHERSTONE, 239 Petroleum Bldg., Roswell, New Mexico**

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Federal J-27** Well No. **1** Pool Name, Including Formation **Square Lake G SA** Kind of Lease **Federal** Lease No. **NM04361**  
Location  
Unit Letter **J** **1650** Feet From The **South** Line and **2310** Feet From The **East**  
Line of Section **27** Township **16 S** Range **31 E**, NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Continental Oil Company** Address (Give address to which approved copy of this form is to be sent)  
**Ponca City, Oklahoma**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**Phillips Petroleum Company** Address (Give address to which approved copy of this form is to be sent)  
**Bartlesville, Oklahoma**  
If well produces oil or liquids, give location of tanks. Unit **J** Sec. **27** Twp. **16S** Rge. **31E** Is gas actually connected? ☐ When

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 Gas Well New Well Workover Deeper Plug Back Same Res'v. Diff. Res'v.  
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, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 Date of Test Producing Method (Flow, pump, gas lift, etc.)  
Length of Test Tubing Pressure Casing Pressure Choke Size  
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

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.

**FEATHERSTONE FARMS, LTD.**

BY: [Signature]  
(Signature)

**CLERK**  
(Title)

**February 28, 1968**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY W. A. Gressett  
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.

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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

RECEIVED

NOV 1 1965

O. S. C.  
ARTESIA OFFICE

I. Operator **OLEN F. FEATHERSTONE**

Address **236 Petroleum Building, Roswell, New Mexico 88201**

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

New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

**Change in Pool Designation**

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Federal J-27</b>	Well No. <b>#1</b>	Pool Name, including Formation <b>Square Lake</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location			
Unit Letter <b>J</b>	<b>1650</b> Feet From The <b>South</b>	Line and <b>2310</b> Feet From The <b>East</b>	
Line of Section <b>27</b>	Township <b>T-16South</b>	Range <b>R-31East</b>	NMPM, <b>Eddy</b> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
<b>Continental Pipeline Company</b>	<b>Box 367, Artesia, New Mexico</b>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
<b>Phillips Petroleum Co.</b>	<b>Bartlesville, Oklahoma</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>J</b> Sec. <b>27</b> Twp. <b>16S</b> Rge. <b>31E</b>	Is gas actually connected? <b>NO</b>	When

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 <b>XX</b>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>3-11-65</b>	Date Compl. Ready to Prod. <b>3-27-65</b>	Total Depth <b>3800'</b>	F.B.T.D. <b>3792'</b>					
Pool <b>Square Lake</b>	Name of Producing Formation <b>Premier &amp; Lovington</b>	Top Oil/Gas Pay <b>3608 &amp; 3756</b>	Tubing Depth <b>3580'</b>					
Perforations <b>3611, 3612, 3613, 3629, 3638, 3645, 3646 (Premier)</b>			Depth Casing Shoe <b>3792</b>					
<b>3761, 3763, 3765, 3767, 3771, 3778, 3779</b>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>17"</b>	<b>13-3/8"</b>	<b>28'</b>	<b>2 yds. concrete</b>					
<b>11" &amp; 7-7/8"</b>	<b>5-1/2"</b>	<b>3792'</b>	<b>150 sx reg., 50 sx</b>					
	<b>2-3/8" tbg.</b>	<b>3580'</b>	<b>spotted @ 550'</b>					
			<b>(salt)</b>					

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <b>6-27-65</b>	Date of Test <b>6-28-65</b>	Producing Method (Flow, pump, gas lift, etc.) <b>FLOW</b>	
Length of Test <b>24 Hrs.</b>	Tubing Pressure <b>180# to 240#</b>	Casing Pressure <b>Packer</b>	Choke Size <b>None</b> <b>On Intermittent</b>
Actual Prod. During Test	Oil-Bbls. <b>10</b>	Water-Bbls. <b>NONE</b>	Gas-MCF <b>NA</b>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

**Charles W. Hicks**  
Charles W. Hicks (Signature)

General Manager

(Title)

10-29-65

(Date)

OIL CONSERVATION COMMISSION

APPROVED **1965**, 19

BY **M. L. Armstrong**

TITLE **Oil and Gas Inspector**

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