

JUL 31 1981

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Operator C. E. Staples	
Address P.O. Box 64548, Dallas, Texas 75206	
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 checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Arwood Ltd. - P.O. Box 64548, Dallas, Texas 75206

DESCRIPTION OF WELL AND LEASE				
Lease Name Featherstone	Well No. 3	Pool Name, Including Formation Jackson Q-G-SA	Kind of Lease State, Federal or Fee State	Lease No. B-10920
Location				
Unit Letter B	: 2310	Feet From The East	Line and 990	Feet From The North
Line of Section 2	Township 17	Range 31	NMPM, Eddy	County

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)		
Navajo Crude Oil Purchasing Co.		P.O. Drawer 175 - Artesia, N. Mex. 88210		
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)		
None				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 2	Twp. 17	Rge. 31
		Is gas actually connected?		When
		No		

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA				
Designate Type of Completion - (X)				
	Oil Well	Gas Well	New Well	Workover
				Deepen
				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

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

CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
C. E. Staples	
BY: <u>Frazier Arwood</u>	ATTORNEY-IN-FACT
(Signature)	
Owner-Operator	(Title)
July 27, 1981	(Date)
Effective 9-1-81	

OIL CONSERVATION DIVISION	
APPROVED	SEP 1 1981
BY: <u>W. A. Gussert</u>	SUPERVISOR, DISTRICT II
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 multiple completed wells.	