NO. OF COPIES RECEIVED 5	7			
DISTRIBUTION	NEW MEXICO OIL (CONSERVATION COMMISS	SION	Form C+104
SANTA FE	1	FOR ALLOWABLE		Supersedes Old C-104 and C-11
FILE /-		AND		Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NA	TURAL GAS	RECEIVED
LAND OFFICE	4			
TRANSPORTER OIL /	4			MAR 1 1968
GA3 /	+			MM. 1 1200
PRORATION OFFICE	-			in an in the second sec
Operator				ARTECIA, OFFICE
FLATHERSTONE FA	RMS LTD.			
Address				
239 Petroleum B	uilding, Roswell, No	Other (Please e		
Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Flease e	xpiuin)	
New Well Recompletion	Oil Dry G	ias 🗀		
Change in Ownership		ensate 🔲		
change in contracting			-	
If change of ownership give name I and address of previous owner	EN F. FLATHERSTONE,	239 Patroleum	Bldg., Ro	swell, New Mexico
and address of previous owner				
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including	T	ind of Lease	Lease No.
Lease Name			tate, Federal or Fe	i
State #	9 Grayburg J.	ackson	•	00000 10000
Location N 66	0 Feet From The South L	1980	Feet From The	West
Unit Letter N : 66	Feet From The Jouch	ine and 1700		
Line of Section 7	wnship 17 S	31 E , NMPM,	Eddy	County
Line of Section 19				
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS	1.,	and the form in to be conti
Name of Authorized Transporter of Oi	or Condensate	Address (Give address to		y of this form is to be sent)
Texas-New Mexico F		Box 1510, Mic	which approved cor	v of this form is to be sent)
Name of Authorized Transporter of Co		Box 1550 Pu	Eunice,	71.777 •
Skelly Oil Company	Unit Sec. Twp. Rge.	Is gas actually connected		
If well produces oil or licuids, give location of tanks.	N 2 17S 31E	YES		
·	ith that from any other lease or pool	give commingling order t	number: CT	B 62
COMPLETION DATA.				
Designate Type of Completi	on (X)	New Well Workover	Deepen Plug	Back Same Resty. Diff. Resty.
		Total Depth	P.B.	T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Deptil		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubi	ng Depth
Elevations (Dr, RRB, R1, GR, etc.)	Name of Floadering Formation			
Perforations		1,	Dept	h Casing Shoe
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	TUBING, CASING, A	ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	г	SACKS CEMENT
	OD AT YOUR DIE	- Alan and	e of load oil and m	st be equal to or exceed top allow
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be able for this	depth or be for full 24 hours)		
OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,	pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Cho	ke Size
				NGE.
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas	-MCF
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gra	vity of Condensate
Actual Prod. Test-MCF/D	Feudiu or rest			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in) Cho	ke Size
lesting Method (phot, back pr.)				
CERTIFICATE OF COMPLIA	NCF	OIL C	ONSERVATIO	N COMMISSION
CERTIFICATE OF COMPLIA	NCE			
	regulations of the Oil Conservation	n APPROVED		, 19

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: Jarry arnold
(Signature)
(Title) February 28, 1968

(Date)

APPROVED	<u> </u>	, 19
	" Gresset	1
D1		
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.