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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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

CHANGE

MAR 8 1966

Operator Hugh L. Johnston, Sr. ✓		OK. <del>.....</del>		O. C. C. ARTESIA, OFFICE	
Address 225 Mid Tower Midland Texas					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:		Change of Transporter from--	
Recompletion	<input type="checkbox"/>	Oil <input checked="" type="checkbox"/>		Permian Corporation to Continental	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>		Oil Company	
		Dry Gas <input type="checkbox"/>			
		Condensate <input type="checkbox"/>			

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Atsel Fed	Well No. 1	Pool Name, Including Formation Artesia Premier	Kind of Lease State, Federal or Fee Federal
Location Unit Letter 0, 990 Feet From The South Line and 2200 Feet From The East Line of Section 30, Township 17 S, Range 29 E, NMPM, Eddy County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) Artesia, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 OP	Sec. 30	Twp. 17S	Rge. 29 E	Is gas actually connected? Yes	When May 6, 1965

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	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	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	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.

Robert E. Johnston  
(Signature)

Executrix and Sec.  
(Title)

Mar. 7, 1966

OIL CONSERVATION COMMISSION

APPROVED MAR 7 1966, 19  
BY W. A. Gressett

TITLE OIL AND GAS INSPECTOR

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter or other such change of condition.