	NO. OF COPIES RECEIVED				
	DISTRIBUTION / SANTA FE /		CONSERVATION COMMISSION	Form C-104	
	FILE /		FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL	GASKEDE IVE	
	LAND OFFICE .	AOTHORIZATION TO TR	ANSI ORT OIL AND NATORAL	CASCECEIVE	
	TRANSPORTER OIL	_			
	GAS			JUN28 Joss	
	PRORATION OFFICE	-		20 10/2	
I.	Operator			0 D. C. C	
	Hugh L. Johnston,	Sr.		ARTEBIA, OFFICE	
	Address				
		g. Roswell, New Mexico			
	Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)		
	Recompletion	Oil Dry G	as 🗍		
	Change in Ownership	Casinghead Gas Conde	ensate		
	If change of ownership give name				
	If change of ownership give name and address of previous owner				
**	DESCRIPTION OF HELL AND	LEACE	•		
	DESCRIPTION OF WELL AND I	Well No. Pool No	ame, including Formation	Kind of Lease	
	Atsel Federal	2 Ar	tosia Premier	State, Federal or Fee	
	Location				
	Unit Letter I ; 176	Feet From The South Li	ne and 990 Feet From	n The East	
	Line of Section 30 , Tow	vnship 17 S Range 2	O TE TOTAL	77	
	Line of Section 30 , Tow	vnship 175 Range 2	9 E , NMPM,	Eddy County	
II.	II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent				
	The Permian Corporati		Box-3119 Midland,		
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of				roved copy of this form is to be sent)	
		Unit Sec. Twp. Rge.	Is gas actually connected?	Vhen	
	If well produces oil or liquids, give location of tanks.	I 30 17S 29E			
	this production is commingled with that from any other lease or pool, give commingling order number:				
	COMPLETION DATA				
	Designate Type of Completio	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	4-16-65	June 16, 1965	2470*		
	Pool Artesia	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Greyburg Jackson	Promier	2419	2440*	
	Perforations 2423 10 Sho	ata 2 Shata non Et		Depth Casing Shoe	
2423 to 2433 10 Shots 2 Shots per Ft. TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	10#	8 <i>5</i> /8#	475*	50 Sacks	
	8#	5 1/20	2471 •	200 Sacks	
	5 11	211	2440'		
. ,	MEGET DAMA AND DECAUSE EV	OD ALLOWARD E (T		., , , , , , , , , , , , , , , , , , ,	
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load of able for this depth or be for full 24 hours)				it and must be equal to or exceed top allow-	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
	June 16, 1965	June 16, 1965			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	24 hours Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	32 bbls.	32 bbls.	None	Vented V	
	<i>yo 0020</i> ,)			
	GAS WELL			J	
	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	
	resting Method (phot, oden pri)	Tubing 1 1000 ac	Cabing Proppers	Glicke Size	
VI.	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERV	ATION COMMISSION	
•			JUN 2 8 1965		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		JUN 2 8 1965 APPROVED 19 19 19 19 19 19 19 19 19 19 19 19 19		
			TITLE		
			TITLE		
	Celestia E. Johnston		This form is to be filed in compliance with RULE 1104.		
	Ollska C	Johnston.	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.		
	(Signate and	gewje)			
	Secretary (Tiu	tle)			
	·	-			
	June 23, 1964	nte)			
			Completed wells.	map the fitted free policy meets to contribute	