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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED
JUL 12 1965
O. C. C.
ARTESIA OFFICE

I. Operator Hugh L. Johnston, Sr.

Address 8 th. Floor Petroleum Bldg. Roswell, New Mexico 88201

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

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		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	Green Federal	Well No.	3	Pool Name, including Formation	Artesia Premier	Kind of Lease	State, Federal or Fee Federal
Location	Unit Letter <u>2F</u> , <u>1650</u> Feet From The <u>North</u> Line and <u>1612</u> Feet From The <u>West</u>						
Line of Section	<u>31</u>	Township	<u>17 S</u>	Range	<u>29 E</u>	NMPM,	<u>Eddy</u> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>The Permian Corporation</u>	<u>Box-3119 Midland, Texas 79704</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Phillips Petroleum Co.</u>	<u>Natural Gas Dept. Hobbs, New Mexico</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>G</u>	<u>31</u>	<u>17S</u>	<u>29E</u>	<u>no</u>	<u>0</u>

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.
<u>X</u>	<u>X</u>		<u>Yes</u>					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<u>May 28, 1965</u>	<u>July 3, 1965</u>		<u>2681</u>					
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>Artesia</u>	<u>Premier</u>		<u>2609</u>		<u>2550</u>			
Perforations	2609 to 2611- 2616 to 2622 2628 to 2630-2648 to 2651-2657 to 2658				Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>10"</u>	<u>8 5/8"</u>		<u>450'</u>		<u>50 Sacks</u>			
<u>8"</u>	<u>5 1/2"</u>		<u>2579'</u>		<u>175 Sacks</u>			
<u>5"</u>	<u>2" Tubing</u>		<u>2550</u>					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>July 3, 1965</u>	<u>July 3, 1965</u>	<u>Flowing</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hrs.</u>		<u>60 lb.</u>	<u>1/8"</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>48 BBLs.</u>	<u>48 Bbls.</u>	<u>0</u>	<u>Vented</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Celestia E. Johnston
(Signature)

Secretary

(Title)

July 10, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JUL 12 1965

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BY

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.

Separate Forms C-104 must be filed for each pool in multiply-completed wells.